

Environmental Protection Agency Internet Information

EPA Region 2

While Freedom of Information Act (FOIA) requests will be honored by directly writing to Region 2, EPA provides an increasing amount of environmental media information, and other Regional activities via Internet at <http://www.epa.gov>.

Region 2 has provided a FOIA Web site <http://www.epa.gov/region02/foia/> with several online databases from which the environmental information can be retrieved.

- **"Frequently FOIAed Files"** Web site <http://www.epa.gov/region02/foia/fff.htm> covers RCRA and many other media Programs. Through this Web site, you can learn about each media Program, associated databases, and special points of interest. In particular, the ability to "directly download" all of the most commonly requested Region 2 Export Files (.xls) and Reports (.pdf) - all compressed for quicker downloading.

EPA Region 2 has established a **list of contaminated facilities** that are a high priority for cleanup in New York, New Jersey, Puerto Rico and the U.S. Virgin Islands. You can view each facility fact sheet at <http://www.epa.gov/region02/cleanup/sites/>

EPA- Headquarters

- **Envirofacts Data Warehouse** Web site <http://www.epa.gov/enviro/index.html> is a one-stop source to the environmental information. This Web site provides access to several EPA databases with information about environmental activities that may affect air, water and land anywhere in the United States.
- **"My Environment"** Web site <http://www.epa.gov/myenvironment> is a powerful tool that provides a wide range of federal, state and local information about environmental conditions and futures in an area of your choice.
- **The Enforcement and Compliance History Online (ECHO)** Web site <http://www.epa.gov/echo/> provides a list of all inspections and enforcement under most of the environmental statutes.
- **Right-To-Know Network (RTK Net)**, a non-EPA Web site <http://www.rtknet.org/> on-line query engine provides free access to numerous databases and resources on environment.
- **National Biennial RCRA Hazardous Waste Report** Web site <http://www.epa.gov/epaoswer/hazwaste/data/biennialreport/index.htm> provides documents and data on hazardous waste reports.
- **Conditionally Exempt Small Quantity Generators** Web site <http://www.epa.gov/osw/hazard/generation/cesqg.htm> provides information on Conditionally Exempt Small Quantity Generators.



Howmedica Osteonics Corp.
Safety & Environment
359 Veterans Blvd.
Rutherford, NJ 07070-2584

Main # (201) 507-7300
Direct # (201) 507-7502
Fax # (201) 507-7885

May 13, 1999

United States Environmental Protection Agency
Air and Waste Management Division
Attention RCRA Notifications
290 Broadway – 21st Floor
New York, New York 10007-1866

Re: 359 Veterans Boulevard, Rutherford, New Jersey ID# NJD052077682

Dear Sir/Madam:

Please be advised that Stryker Acquisition Corp., the operator of the above facility, has been merged into Osteonics Corp., which has changed its name to Howmedica Osteonics Corp. Stryker Acquisition Corp. previously filed a EPA form 8700-12 Notification of Regulated Waste Activity for the facility. Attached please find a revised EPA form 8700-12 indicating the change.

Kindly revise your records for the registration for the facility to reflect the name change. Should you have any questions, please do not hesitate to contact me at (201) 507-7502.

Very truly yours,

A handwritten signature in blue ink, appearing to read "John F. Zajac".

John F. Zajac
Manager, Safety and Environmental Engineering
Facilities Team

cc: David A Roth, Esq.
Michael Caffrey, Esq.
file

stryker

CORPORATION

2725 Fairfield Road
Kalamazoo, Michigan 49002

Mail to: P.O. Box 4085
Kalamazoo, MI 49003-4085
(616) 385-2600

U.S. EPA
AGENCY RD II

98 DEC -1 AM 10:31

HAZARDOUS & SOLID WASTE
PROGRAMS BRANCH

DAVID J. SIMPSON

Vice President,
Chief Financial Officer
and Secretary

November 18, 1998

United States Environmental Protection Agency
Air and Waste Management Division
Attention: RCRA Notifications
290 Broadway - 21st Floor
New York, NY 10007-1866

**Re: Stryker Acquisition Corporation
Notification of Regulated Waste Activity
359 Veterans Boulevard, Rutherford, New Jersey
ID Number NJD052077682**

Dear Sir/Madam:

Enclosed please find a completed "Notification of Regulated Waste Activity" form 8700-12 filed on behalf of Stryker Acquisition Corporation for the location at 359 Veterans Boulevard, Rutherford, New Jersey. The former owner, Howmedica Inc., has filed a "Request to Deactivate EPA ID Number" with the New Jersey Department of Environmental Protection. It is our understanding that the same ID Number will now be assigned to Stryker Acquisition Corporation for this same location.

Should you have any questions, please feel free to call Jack Czajkowski (201-825-4900) prior to December 4, 1998 and John Zajac (201-507-7502) thereafter.

Sincerely,

Stryker Corporation

Enclosure
cc: NJDEP



State of New Jersey
Department of Environmental Protection
Manifest Section
CN 421, 401 East State Street
Trenton, New Jersey 08625-0421

U.S. EPA
AGENCY RO II
98 NOV 19 AM 9:35
HAZARDOUS & SOLID WASTE
PROGRAMS BRANCH

"Request to Deactivate EPA ID Number"

EPA ID No. NJD052077682

Company Name: Howmedica Inc.

Site Address: 359 Veterans Boulevard Rutherford
(street) (city / town)
New Jersey 07070 219.02 68.06
(state) (zip code) (lot) (block)

Mailing Address: 359 Veterans Boulevard Rutherford
(street / p.o. box) (city / town)
New Jersey 07070
(state) (zip code)

Company Contact: John F. Zajac (201) 507-7502
(name) (area code and phone number)

Reasons for deactivating EPA ID No. (Check all appropriate boxes.)

- ☐ The EPA ID number was obtained for a one time cleanup which is completed.
- ☐ The site has completed an ECRA cleanup (indicate ECRA Case # _____).
- ☒ Other The facility is to be sold to a new owner Stryker Acquisition Corp.
as of December 4, 1998. Stryker Acquisition Corp will request
reactivation of ID number under its own.

Is the site presently occupied? (circle yes or no)

Sign and date the application below, and retain the last page (pink copy) for your records.

John F. Zajac
(printed name)


(signature)

Manager, Safety and Environmental Engineering
(title)

10/4/98

(date)

Submission of false information is a violation of N.J.A.C. 7:26-5.6 and N.J.A.C. 7:26-7.3.

copies: White - Manifest Section
Yellow - USEPA Region II
Pink - Applicant



U.S. EPA
AGENCY RO II

98 NOV 19 AM 9:35

HAZARDOUS & SOLID WASTE
PROGRAMS BRANCH

Howmedica Inc.
Pfizer Hospital Products Group
359 Veterans Blvd.
Rutherford, N.J. 07070-2584
Main # 201 507 7300

Howmedica

November 3, 1998

New Jersey Department of Environmental Protection
Manifest Section
CN 421
401 East State Street
Trenton, New Jersey 08625-0421

re: Howmedica Inc., Rutherford, New Jersey
Deactivation of US EPA Hazardous Waste Generator ID Number
D0520077682

Dear Sir/Madam:

Enclosed please find a completed "Request to Deactivate EPA ID Number" on behalf of Howmedica Inc, Rutherford, New Jersey. Howmedica Inc seeks to deactivate this number as of December 4, 1998 because the facility to which this ID Number applies is being sold to Stryker Acquisition Corp.

Should you have any questions concerning the above, please call me at (201) 507-7502.

Sincerely,

John F. Zajac
Manager, Safety and Environmental Engineering

Enclosure

cc: US EPA



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

REGION II
26 FEDERAL PLAZA
NEW YORK, NEW YORK 10278

JUN 01 1990

Mr. John F. Zajac
Safety Engineer
Howmedica
359 Veterans Avenue
Rutherford, New Jersey 07070

Re: Howmedica
EPA I.D. No. NJD052077682

Dear Mr. Zajac:

Your submittal in response to the warning letter dated May 16, 1990 has been deemed satisfactory. Your facility has been entered in our Data Management System as having been in physical compliance with the original violation cited in the above referenced letter. However, as indicated in your May 25, 1990 letter, Howmedica had failed to maintain a copies of the LDR notifications which accompanied manifests NJA0260595, NYA7516971 and NYA5676894 in it's files. Failure to maintain such records is a violation of 40 C.F.R. § 268.7(a)(6). Therefore, Howmedica is considered to have been in violation of 40 C.F.R. § 268.7(a)(6) at the time of the February 20, 1990 inspection by NJDEP. This matter can now be considered concluded and the enforcement action resolved.

Please be advised your facility is under the continuing obligation to comply with all the applicable state and federal regulations regarding the management of hazardous waste. Subsequently, if your facility should be found in violation of any regulation in the future, you may be subject to an enforcement action, and possibly monetary penalties. If you have any questions contact James Sullivan at (212) 264-6150.

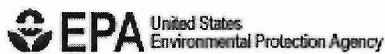
Sincerely yours,

A handwritten signature in dark ink, appearing to read "G. Meyer".

George Meyer, P.E., Chief
Hazardous Waste Compliance Branch

cc: Wayne Howitz, Assistant Director
Hazardous Waste Enforcement Element
New Jersey Department of Environmental Protection
401 East State Street
Trenton, New Jersey 08625-0028

bcc: L. Livingston, PAB
G. Meyer, AWM-HWC
J. Sullivan, AWM-HWC



Handler Information



HOWMEDICA OSTEONICS CORP

RUTHERFORD

NJD052077682

Select the information to process:

Basic Handler Information						
Handler Id	Handler Name	Facility Identifier	Extract Flag	Region	State	Universes
NJD052077682	HOWMEDICA OSTEONICS CORP		X	02	NJ	<input type="checkbox"/>

Previous Name Information		
Act Loc	Receive Date	Handler Name

Location Address Information								
Act Loc	Street No.	Street	City	County	State	Zip	Land Type	State District
NJ	359	VETERANS BLVD	RUTHERFORD	BERGEN	NJ	07070	P	METRO

Mailing Address Information						
Act Loc	Street No.	Street	City	County	State	Zip
NJ	359	VETERANS BLVD	RUTHERFORD	BERGEN	NJ	07070

Contact Information									Add Contact
Act Loc	Type	Title	First Name	Last Name	Phone	Street	City	State	Zip
NJ	N	MGR ENV ENGR	JOHN	ZAJAC	2015077502	359 VETERANS BLVD	RUTHERFORD	NJ	07070

Owner Information									Add Owner	
Act Loc	Seq	Indicator	Type	Change Date	Owner/Operator Name	Phone	Street	City	State	Zip
NJ	<u>1</u>	PO	P	12/04/1998	OWNERNAME	2125551212	NOT REQUIRED	NOT REQUIRED	WY	99999
NJ	<u>2</u>	PO	P	05/13/1999	STRYKER ACQUISITION CORP	6163852600	2725 FAIRFIELD RD	KALAMAZOO	MI	49002
NJ	<u>3</u>	CO	D		HOWMEDICA OSTEONICS CORP	2018254900	59 RTE 17	ALLENDALE	NJ	07401

Operator Information								<u>Add Operator</u>		
Act Loc	Seq	Indicator	Type	Change Date	Owner/Operator Name	Phone	Street	City	State	Zip

Miscellaneous Information									
Act Loc	Second Id	Previous Id	Accessibility	Ack Flag	Ack Date	TSD Date	Non-notifier	Off-site receipt	River Basin
NJ					05/31/1999				013310



Sadat Associates, Inc.

*A Partner to Clients with
Environmental Needs*

U.S. EPA
AGENCY RO II
FEB - 5 PM 2:52
PROGRAMS BRANCH

February 2, 2001

Jack Hoyt
AWMD
USEPA, Region II
290 Broadway, 22nd Floor
New York, NY 10007-1866

Re: Notification of Regulated Waste Activity / Request for EPA ID Number
Former Howmedica, Inc. Site, 359 Veterans Boulevard, Rutherford, NJ 07070

Dear Mr. Hoyt:

Enclosed, please find a completed Notification of Regulated Waste Activity. This notification is being provided in order to obtain an EPA ID Number for the disposal of hazardous groundwater generated during monitoring well installation and sampling activities at the former Howmedica, Inc. Site at 359 Veterans Boulevard, Rutherford, New Jersey.

On December 4, 1998, Pfizer Inc. (Pfizer) sold all of the New Jersey assets of its Howmedica, Inc. orthopaedic device business to Stryker Corporation ("Stryker"). This sale of assets included several real properties, one of which was located at 359 Veterans Boulevard, Rutherford, New Jersey ("Former Howmedica, Inc. Site"). Pursuant to a remediation agreement dated December 3, 1998 between Pfizer and the New Jersey Department of Environmental Protection ("NJDEP"), Pfizer is responsible for implementing the requirements of the Industrial Site Recovery Act ("ISRA") in conformance with New Jersey law and regulation. The Former Howmedica, Inc. Site is currently owned and operated by Howmedica Osteonics Corporation.

As part of the remedial activities being performed at the Site by Pfizer, groundwater monitoring wells have been installed, and well development and purgewater has been generated. Some of the groundwater which has been removed via the monitoring wells contains levels of vinyl chloride and possibly 1,1-dichloroethene above the hazardous waste regulatory levels. Although Pfizer no longer performs manufacturing activities at the Site, Pfizer requires the use of an EPA ID Number in order to properly dispose of the hazardous groundwater. This EPA ID number will be used for the disposal of groundwater and other potential wastes generated during Pfizer's remedial activities.

Please note that this new EPA number that is being requested by Pfizer Inc will not replace the EPA ID number (NJD052077682) that was formerly used by Howmedica, Inc. and is now being used by the current property owner and operator, Howmedica Osteonics Corporation. Howmedica Osteonics Corporation will continue to use EPA ID No. NJD052077682 to dispose of wastes generated by its manufacturing operations at the site.



Sadat Associates, Inc.

Mr. Hoyt
February 2, 2001
Page 2

If you have any questions, please do not hesitate to contact me at 609-987-2500.

Sincerely,

SADAT ASSOCIATES, INC.



Tavia Rutledge
Project Manager

Enclosure.

Cc: James Scott, Esq.
Merrill Fliederbaum, Esq.
George Hollerbach
Steven Kemp

Please print or type with ELITE.

To avoid delays in processing, please complete all sections.
Only original signature of the Generator is acceptable.

Please refer to the Instructions for Filing Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).

EPA

Notification of Regulated Waste Activity

United States Environmental Protection Agency

Date Received
(For Official Use Only)

FEB 5 2:52

I. Installation's EPA ID Number (Mark 'X' in the appropriate box)



A. First Notification



B. Subsequent Notification
(Complete item C)

C. Installation's EPA ID Number

NEW D052077687

II. Name of Installation (Include company and specific site name)

FORMER HOWMEDICA INC SITE

III. Location of Installation Requires Building Number or Latitude and Longitude for processing.

Street

359 VETERANS BOULEVARD

Street (Continued)

City or Town

RUTHERFORD

State

Zip Code

NJ

07070

COUNTY CODE

County Name

003

BERGEN

IV. Installation Mailing Address

Street or P.O. Box PFIZER INC

235 EAST 42ND ST

City or Town

State

Zip Code

NEW YORK NY 10017

V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (Last)

(First)

KEMP STEVEN

Job Title

Phone Number (Area Code and Number)

PRINCEN ENGIN 2125737288

VI. Installation Contact Address

A. Contract Address
Location Mailing Other

B. Street or P.O. Box

X

City or Town

State

Zip Code

VII. Ownership PROPERTY

A. Name of Installation's Legal Owner

HOWMEDICA OSTEOPLASTICS CORP

Street, P.O. Box, or Route Number

359 VETERANS BOULEVARD

City or Town

State

Zip Code

RUTHERFORD NJ 07070

Phone Number (Area Code and Number)

B. Land Type

C. Owner Type

D. Change of Owner Indicator

(Date Changed)
Month Day Year

2015077300 P P Yes X No 120498

From: Jack Hoyt, AWMD, EPA, Region 2, 290 Broadway, 22 Fl.
New York, NY 10007-1866. Tel: (212) 637 4106

ID - For Official Use Only

VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes; Refer to instructions)

A. Hazardous Waste Activity

1. Generator (See Instructions)

- ☐ a. Greater than 1000kg/mo (2,200 lbs.)
☒ b. 100 to 1000 kg/mo (200-2,200 lbs.)
☐ c. Less than 100 kg/mo (220 lbs.)

2. Transporter (Indicate Mode in boxes 1-5 below)

- ☐ a. For own waste only
☐ b. For commercial purposes

Mode of Transportation

- ☐ 1. Air
☐ 2. Rail
☐ 3. Highway
☐ 4. Water
☐ 5. Other - specify

3. Treater, Storer, Disposer (at installation) Note: A permit is required for this activity; see instructions.

4. Hazardous Waste Fuel

- ☐ a. Generator Marketing to Burner
☐ b. Other Marketers
☐ c. Boiler and/or Industrial Furnace

- ☐ 1. Smelter Deferral
☐ 2. Small Quantity Exemption
Indicate Type of Combustion Device(s)

- ☐ 1. Utility Boiler
☐ 2. Industrial Boiler
☐ 3. Industrial Furnace

5. Underground Injection Control

B. Used Oil Recycling Activities

1. Used Oil Fuel Marketer

- ☐ a. Marketer Directs Shipment of Used Oil to Off-Specification Burner
☐ b. Marketer Who First Claims the Used Oil Meets the Specifications

2. Used Oil Burner - Indicate Type(s) of Combustion Device(s)

- ☐ a. Utility Boiler
☐ b. Industrial Boiler
☐ c. Industrial Furnace

3. Used Oil Transporter - Indicate Type(s) of Activity(ies)

- ☐ a. Transporter
☐ b. Transfer Facility

4. Used Oil Processor/Re-refiner - Indicate Type(s) of Activity(ies)

- ☐ a. Process
☐ b. Re-refine

IX. Description of Hazardous Wastes (Use additional sheets if necessary)

A. Characteristics of Nonlisted Hazardous Wastes. (Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles; See 40 CFR Parts 261.20 - 261.24)

1. Ignitable (D001)

☐

2. Corrosive (D002)

☐

3. Reactive (D003)

☐

4. Toxicity Characteristic

☒

(List specific EPA hazardous waste number(s) for the Toxicity characteristic contaminant(s))

D 0 2 9 D 0 4 3

B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33; See instructions if you need to list more than 12 waste codes.)

1
7

2
8

3
9

4
10

5
11

6
12

C. Other Wastes. (State or other wastes requiring a handler to have an I.D. number; See instructions.)

1

2

3

4

5

6

X. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature ORIGINAL

Steven P. Kemp

Name and Official Title (Type or print)

STEVEN P. KEMP
MANAGER - REMEDIATION

Date Signed

1/31/01

XI. Comments

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)

Howmedica

359 VETERANS BOULEVARD • RUTHERFORD, NEW JERSEY 07070 • (201) 507-7300

May 25, 1990

United States Environmental Protection Agency
Region II
26 Federal Plaza
New York, New York 10278
Attn: Mr. George C. Meyer, P.E. Chief
Hazard Waste Compliance Branch

Good Morning:

I am responding to your Warning Letter dated May 16, 1990 concerning alleged violations of 40 CFR 268.7(a) (1) as a result of an inspection conducted by the State of New Jersey .

Your letter indicates that manifest copies NJA7516371, NJA5676894 and NJA0260595 were found to be without LDR notifications. A discussion with Mr. James Sullivan of your staff and a check of our internal records indicates that the particular manifest copies concerning this matter are NYA7516971, NYA5676894 and NJA0260595. I will address matters concerning these manifests.

Attached please find copies of the applicable LDR notifications submitted to the disposal sites. All other shipments have the appropriate LDR notifications attached with records retained with the manifest at the plant. It is also our intention to continue to comply with this regulation in the future by submitting the required LDR notifications and retaining a copy with the manifest.

I hope that this satisfactorily answers the questions you pose in your letter and satisfies the requirements of the regulation. Should you have any further questions or require more information please do not hesitate to contact me at (201) 507-7502, by FAX at (201) 507-7885 or by mail.

Sincerely yours,

John F. Zajac
Safety Engineer



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

REGION II
26 FEDERAL PLAZA
NEW YORK, NEW YORK 10278

MAY 16 1990

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

Mr. John F. Zajac
Safety Manager
Howmedica
359 Veterans Boulevard
Rutherford, New Jersey 07070

Re: Howmedica
EPA I.D. No. NJD052077682

Dear Mr. Zajac:

This Warning Letter is issued pursuant to Section 3008 of the Solid Waste Disposal Act, as amended by the Resource Conservation and Recovery Act of 1976 ("RCRA") and the Hazardous and Solid Waste Amendments of 1984 ("HSWA") 42 U.S.C. §§ 6901, 6928.

Pursuant to HSWA, EPA promulgated regulations on November 7, 1986, which prohibited the land disposal of restricted waste. 51 Fed. Reg. 40,572 (November 7, 1986). These regulations are published in 40 C.F.R. Part 268, and amend various sections of 40 C.F.R. Parts 260-265 and 270. They became effective on November 8, 1986.

The State of New Jersey is authorized by EPA to conduct a hazardous waste program under Section 3006 of RCRA, 42 U.S.C. § 6926. However, the authorized State program does not include provisions of HSWA, and regulations promulgated thereunder. EPA has the sole authority to implement and enforce regulations promulgated pursuant to HSWA, including the land disposal restrictions ("LDR").

On or about February 20, 1990, a duly authorized representative of EPA conducted an inspection of Howmedica, Rutherford, New Jersey, pursuant to Section 3007 of RCRA, 42 U.S.C. § 6927. During this inspection, the inspector noted that:

1. 40 C.F.R. § 268.7(a)(1) which is one of the provisions of the LDR, has been violated. Section 268.7(a)(1) requires the following:

Before a generator offers waste subject to the LDR to a treatment facility, the generator must notify the treatment facility in writing of the appropriate treatment standards set forth in Subpart D of 40 C.F.R. Part 268

The notice must include the following information:

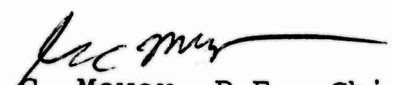
- (i) EPA Hazardous Waste Number;
- (ii) The corresponding treatment standards and all applicable prohibitions set forth in § 268.32 or RCRA Section 3004(d);
- (iii) The manifest number associated with the shipment of waste; and
- (iv) Waste analysis data, where available.

At the time of the above referenced inspection, manifest copies NJA7516371, NJA5676894 and NJA0260595 were found to be without the required LDR notifications. Be advised that EPA requires adherence to its regulations. If you have not already done so, you must take immediate remedial action to implement the regulations published in 40 C.F.R. Part 268. You must submit, within thirty (30) days of the receipt of this letter, documentation, and a description of the actions you have taken to correct the violations noted above and to implement the regulations published in 40 C.F.R. Part 268.

Failure to comply with the requirements of this Warning Letter may subject you to penalties of up to twenty-five thousand dollars (\$25,000) for each day of noncompliance in accordance with Section 3008 of RCRA, 42 U.S.C. § 6928.

If you have any questions regarding this matter, please contact Mr. James Sullivan, at (212) 264-6150.

Sincerely yours,


George C. Meyer, P.E., Chief
Hazardous Waste Compliance Branch

cc: Wayne Howitz, Assistant Director
Hazardous Waste Enforcement Element
New Jersey Department of Environmental Protection
401 East State Street
Trenton, New Jersey 08625-0028

STATE OF NEW YORK
DEPARTMENT OF ENVIRONMENTAL CONSERVATION
DIVISION OF SOLID AND HAZARDOUS WASTE

HAZARDOUS WASTE MANIFEST

P.O. Box 12820, Albany, New York 12212

Form Approved. OMB No. 2050-0039. Expires 9-30-88

Please print or type.

UNIFORM HAZARDOUS
WASTE MANIFEST

1. Generator's US EPA No.

Manifest
Document No.2. Page 1
of 1Information in the shaded areas
is not required by Federal Law.

3. Generator's Name and Mailing Address

Howmedica
359 VETERANS BLVD. RUTHERFORD, N.J. 070704. Generator's Phone (**201 507-7380**)

A. State Manifest Document No.

NY A751697 1

B. Generator's ID

NJD052077682

5. Transporter 1 (Company Name)

CHEMICAL WASTE MANAGEMENT INC

6. US EPA ID Number

1 ID 0 99 2 02 6881

C. State Transporter's ID

S10331 7204D. Transporter's Phone (**201 465-2121**)

E. State Transporter's ID

F. Transporter's Phone ()

9. Designated Facility Name and Site Address

CHEMICAL WASTE MANAGEMENT (SCA CHEMICAL SERVICES)
P.O. BOX 200 1550 BALMER ROAD
MODEL CITY, NY 14107

10. US EPA ID Number

NY D0 4 98 36 6 79

G. State Facility's ID

NYD049836679

H. Facility's Phone

(716 754-8231)

11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)

a. **WASTE ACETIC ACID SOLUTION NA-2790 RQ 18**
CORROSIVE MATERIAL (EPA # D002-D011)b. **WASTE NITRIC ACID 4208 NITRIC NA-1760 RQ 18**
CORROSIVE MATERIAL (EPA# D002-D006-D007)c. **HAZARDOUS WASTE LIQUID N.O.S. RQ1000#**
NA- 9189 ORN-B (EPA# F002)

d.

12. Containers

No. Type

13. Total
Quantity14. Unit
WT/Vol

15. Waste No.

X X4 D F XX220 G D002

X X4 D F X X220 G D002

X X3 D H XX165 G F002

J. Additional Descriptions for Materials listed Above

a. **L-C-B ACETIC ACID AND**
WATER**L-T 1,1,1-TRICHLOROETHANE**
FROM 113, OIL, WATER, CRIT

K. Handling Codes for Wastes Listed Above

b. **L-C-E NITRIC ACID AND**
WATER

15. Special Handling Instructions and Additional Information

A) PROFILE # **G62874** FOR TREATMENT C) PROFILE # **J13538** FOR INCINERATION OR
B) PROFILE # **XXXXXX G62872** FOR TREATMENT FUEL
W01 1X2 576

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations and state laws and regulations.

If I am a large quantity generator, I certify that I have program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR if I am a small generator, I have made a good faith effort to minimize my waste and select the best waste management method that is available to me and that I can afford.

Printed/Typed Name

Douglas J. Kujawa

Signature

Douglas J. Kujawa

Mo. Day Year

0 5 30 89

17. Transporter 1 (Acknowledgement of Receipt of Materials)

Printed/Typed Name

Signature

Mo. Day Year

18. Transporter 2 (Acknowledgement of Receipt of Materials)

Printed/Typed Name

Signature

Mo. Day Year

19. Discrepancy Indication Space

Item B-Sage**Item C - CNT T2041L****1060549**

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name

LYNN PIECHOWSKI

Signature

Lynn Piechowski

Mo. Day Year

060689

NYA 751697 1

**Chemical Waste Management, Inc.**

New York Transportation
P.O. Box 200
1550 Balmer Road
Model City, New York 14107
716/754-8231 800/272-7775
FAX: 716/754-2296

TELECOPY

DATE:

5/22/90FAX #: (201) 507-7855

TO:

Doug Kujawa

FROM:

Donna Ames

RE:

Lan Ban NoticesNUMBER OF PAGES 4 (including cover)

IF YOU ARE NOT RECEIVING OUR COPIES, PLEASE INFORM US
IMMEDIATELY. THANK YOU. 1-800-272-7775 or 716-754-8231

CWM, NEW YORK TRANSPORTATION

MODEL CITY, NY

FAX: 716-754-2296

SPENT SOLVENT WASTE

LAND DISPOSAL RESTRICTION NOTIFICATION FORMGenerator Name: HOWMEDICACWM Profile Number: 113533EPA ID Number NJD052077682Manifest Number: NVA 7516971

This form is submitted to CHEMICAL WASTE MANAGEMENT in accordance with regulations published by EPA at 40 CFR Part 268, which govern the land disposal of restricted hazardous waste identified above has been listed as a restricted waste by EPA under the Part 268 regulations. In accordance with the waste analysis and recordkeeping requirements set forth at 40 CFR 268.7, I have marked the appropriate box below to indicate how my waste must be managed to conform to the regulations. (See instructions on reverse side for marking appropriate box).

RESTRICTED WASTE REQUIRES TREATMENT

- ☒ 1. The waste identified above must be treated to the appropriate standard identified in 40 CFR 268 Subpart D.

RESTRICTED WASTE TREATED TO PERFORMANCE STANDARD

- ☐ 2. The waste identified above has been treated, the treatment residues have been tested in accordance with the facility WAP, and the residues have been found to meet the performance standards specified in 40 CFR Part 268 Subpart D. "I certify under penalty of law that I have personally examined and am familiar with the treatment technology and operation of the treatment process used to support this certification and that, based upon my inquiry of those individuals immediately responsible for obtaining this information, I believe that the treatment process has been operated and maintained properly so as to achieve the performance levels specified in 40 CFR Part 268 Subpart D without dilution of the prohibited waste. I am aware that there are significant penalties for submitting a false certification, including the possibility of fine and imprisonment".

RESTRICTED WASTE NATURALLY MEETS THE TREATMENT STANDARDS

The waste identified above naturally meets the performance standards of 40 CFR Part 268 Subpart D, without any treatment being performed.

- ☐ 3. I certify under penalty of law that I personally have examined and am familiar with the waste through analysis and testing or through knowledge of the waste to support this certification that the waste complies with the treatment standards specified in 40 CFR Part 268 Subpart D. I believe that the information I submitted is true, accurate and complete. I am aware that there are significant penalties for submitting a false certification, including the possibility of a fine and imprisonment.

RESTRICTED WASTE SUBJECT TO VARIANCE

- ☐ 4. The waste identified above is not banned from land disposal since it is subject to a case-by-case extension under 40 CFR 268.5, a petition under 40 CFR 268.6, a nationwide variance under Subpart C, or another exemption which expires on _____.

I hereby certify that all material submitted in this and associated documents is complete and accurate to the best of my knowledge and information.

JOHN F. ZAJAC
Signature

SAFETY ENGINEER
Title

5/30/89
Date

CALIFORNIA LIST WASTES

LAND DISPOSAL RESTRICTION NOTIFICATION FORMGenerator Name: HOWMEDICACWM Profile Number: G 62874EPA ID Number: NJD052077682Manifest Number: NYA 7516971

This form is submitted to CHEMICAL WASTE MANAGEMENT in accordance with regulations published by EPA at 40 CFR Part 268, which govern the land disposal of certain untreated hazardous wastes. The hazardous waste identified above is one of the "California List" wastes under EPA's Part 268 regulations. In accordance with the waste analysis and recordkeeping requirements specified by EPA at 40 CFR 268.7, I have marked the appropriate box below which indicates how my waste must be managed to conform to the land disposal ban regulations. (See instructions on reverse side for marking appropriate box.)

RESTRICTED WASTE REQUIRES TREATMENT

- (1) ☒ I am the initial generator of an untreated waste identified above which must be treated to the appropriate treatment standard set forth in 40 CFR 268 Subpart D, or where no treatment standard exists for the California List waste, the waste must be treated to the levels specified under 40 CFR 268.32.

RESTRICTED WASTE TREATED TO PERFORMANCE STANDARDS

- (2) ☐ The waste identified above has been treated in compliance with the applicable performance standards specified in 40 CFR 268 Subpart D and/or the applicable prohibitions set forth in 40 CFR 268.32. "I certify under penalty of law that I have personally examined and am familiar with the treatment technology and operation of the treatment process used to support this certification and that, based upon my inquiry of those individuals immediately responsible for obtaining this information, I believe that the treatment process has been operated and maintained properly so as to comply with the performance levels specified in 40 CFR Part 268 Subpart D and all applicable prohibitions set forth in 40 CFR 268.32 of RCRA Section 3004(d) without dilution of the prohibited waste. I am aware that there are significant penalties for submitting a false certification, including the possibility of a fine and imprisonment."

RESTRICTED WASTE SUBJECT TO VARIANCE

- (3) ☐ The waste identified above is not banned from land disposal since it is subject to a case-by-case extension under 40 CFR 268.5, a no-migration petition under 40 CFR 268.6, a nationwide variance under Subpart C, or another exemption which expires on _____

I hereby certify that all information submitted in this and all associated documents is complete and accurate to the best of my knowledge and information.

JOHN F. LAJACK
Signature

SAFETY ENGINEER
Title

5/30/89
Date

-CHEMICAL WASTE MANAGEMENT, INC.-

8/8/88

CALIFORNIA LIST WASTES

LAND DISPOSAL RESTRICTION NOTIFICATION FORM

Generator Name: HOWMEDICACWM Profile Number: G62872EPA ID Number: NJD052077682Manifest Number: NYA 7516971

This form is submitted to CHEMICAL WASTE MANAGEMENT in accordance with regulations published by EPA at 40 CFR Part 268, which govern the land disposal of certain untreated hazardous wastes. The hazardous waste identified above is one of the "California List" wastes under EPA's Part 268 regulations. In accordance with the waste analysis and recordkeeping requirements specified by EPA at 40 CFR 268.7, I have marked the appropriate box below which indicates how my waste must be managed to conform to the land disposal ban regulations. (See instructions on reverse side for marking appropriate box.)

RESTRICTED WASTE REQUIRES TREATMENT

- (1) ☒ I am the initial generator of an untreated waste identified above which must be treated to the appropriate treatment standard set forth in 40 CFR 268 Subpart D, or where no treatment standard exists for the California List waste, the waste must be treated to the levels specified under 40 CFR 268.32.

RESTRICTED WASTE TREATED TO PERFORMANCE STANDARDS

- (2) ☐ The waste identified above has been treated in compliance with the applicable performance standards specified in 40 CFR 268 Subpart D and/or the applicable prohibitions set forth in 40 CFR 268.32. "I certify under penalty of law that I have personally examined and am familiar with the treatment technology and operation of the treatment process used to support this certification and that, based upon my inquiry of those individuals immediately responsible for obtaining this information, I believe that the treatment process has been operated and maintained properly so as to comply with the performance levels specified in 40 CFR Part 268 Subpart D and all applicable prohibitions set forth in 40 CFR 268.32 of RCRA Section 3004(d) without dilution of the prohibited waste. I am aware that there are significant penalties for submitting a false certification, including the possibility of a fine and imprisonment."

RESTRICTED WASTE SUBJECT TO VARIANCE

- (3) ☐ The waste identified above is not banned from land disposal since it is subject to a case-by-case extension under 40 CFR 268.5, a no-migration petition under 40 CFR 268.6, a nationwide variance under Subpart C, or another exemption which expires on _____

I hereby certify that all information submitted in this and all associated documents is complete and accurate to the best of my knowledge and information.

JOHN F. ZAJAC
Signature

SAFETY ENGINEER
Title

5/30/89
Date

-CHEMICAL WASTE MANAGEMENT, INC.-



STATE OF NEW YORK
DEPARTMENT OF ENVIRONMENTAL CONSERVATION
DIVISION OF SOLID AND HAZARDOUS WASTE

HAZARDOUS WASTE MANIFEST

P.O. Box 12820, Albany, New York 12212

Form Approved. OMB No. 2050-0039. Expires 9-30-88

Please print or type.

In case of emergency or spill immediately call the National Response Center at (800) 424-8802 and the N.Y. Department of Transportation (518) 457-7362.

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA No.	Manifest Document No.	2. Page 1 of	Information in the shaded areas is not required by Federal Law.
3. Generator's Name and Mailing Address		4. Generator's Phone ()		A. State Manifest Document No. NY A 567689 4	
5. Transporter 1 (Company Name) FREEHOLD CARTAGE		6. US EPA ID Number NJ00054126164		B. Generator's ID	
7. Transporter 2 (Company Name)		8. US EPA ID Number		C. State Transporter's ID	
9. Designated Facility Name and Site Address RADIAL RESEARCH CORP 261 KENT AVE BROOKLYN NY 11211		10. US EPA ID Number NYD049178296		D. Transporter's Phone ()	
				E. State Transporter's ID	
				F. Transporter's Phone ()	
				G. State Facility's ID	
				H. Facility's Phone 963 2233	
11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)		12. Containers	13. Total Quantity	14. Unit	15. Waste No.
a. WASTE FLAMMABLE LIQUID FLAMMABLE LIQUID (UN1993 D001)		No. Type		Wt/Vol	D001
b. WASTE ACID LIQUID ACID LIQUID (UN1790 D002)					D002
c. WASTE AMMONIUM AMMONIUM (UN1090 D002)					D002
d. WASTE CORROSIVE LIQUID CORROSIVE LIQUID (UN1790 D002)					D002
e. WASTE CORROSIVE LIQUID CORROSIVE LIQUID (UN1790 D002)					D002
f. WASTE CORROSIVE LIQUID CORROSIVE LIQUID (UN1790 D002)					D002
g. WASTE CORROSIVE LIQUID CORROSIVE LIQUID (UN1790 D002)					D002
h. WASTE CORROSIVE LIQUID CORROSIVE LIQUID (UN1790 D002)					D002
i. WASTE CORROSIVE LIQUID CORROSIVE LIQUID (UN1790 D002)					D002
j. WASTE CORROSIVE LIQUID CORROSIVE LIQUID (UN1790 D002)					D002
k. WASTE CORROSIVE LIQUID CORROSIVE LIQUID (UN1790 D002)					D002
l. WASTE CORROSIVE LIQUID CORROSIVE LIQUID (UN1790 D002)					D002
m. WASTE CORROSIVE LIQUID CORROSIVE LIQUID (UN1790 D002)					D002
n. WASTE CORROSIVE LIQUID CORROSIVE LIQUID (UN1790 D002)					D002
o. WASTE CORROSIVE LIQUID CORROSIVE LIQUID (UN1790 D002)					D002
p. WASTE CORROSIVE LIQUID CORROSIVE LIQUID (UN1790 D002)					D002
q. WASTE CORROSIVE LIQUID CORROSIVE LIQUID (UN1790 D002)					D002
r. WASTE CORROSIVE LIQUID CORROSIVE LIQUID (UN1790 D002)					D002
s. WASTE CORROSIVE LIQUID CORROSIVE LIQUID (UN1790 D002)					D002
t. WASTE CORROSIVE LIQUID CORROSIVE LIQUID (UN1790 D002)					D002
u. WASTE CORROSIVE LIQUID CORROSIVE LIQUID (UN1790 D002)					D002
v. WASTE CORROSIVE LIQUID CORROSIVE LIQUID (UN1790 D002)					D002
w. WASTE CORROSIVE LIQUID CORROSIVE LIQUID (UN1790 D002)					D002
x. WASTE CORROSIVE LIQUID CORROSIVE LIQUID (UN1790 D002)					D002
y. WASTE CORROSIVE LIQUID CORROSIVE LIQUID (UN1790 D002)					D002
z. WASTE CORROSIVE LIQUID CORROSIVE LIQUID (UN1790 D002)					D002
15. Special Handling Instructions and Additional Information		K. Handling Codes for Wastes Listed Above			
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations and state laws and regulations.					
If I am a large quantity generator, I certify that I have program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize the present and future threat to human health and the environment by the method that is available to me and that I can afford.					
Printed/Typed Name JOHN F. ZAWAL		Signature		Mo. Day Year 04 13 88	
17. Transporter 1 (Acknowledgement of Receipt of Materials)					
Printed/Typed Name PHIL GRAF		Signature		Mo. Day Year 04 13 88	
18. Transporter 2 (Acknowledgement of Receipt of Materials)					
Printed/Typed Name		Signature		Mo. Day Year	
19. Discrepancy Indication Space					
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.					
Printed/Typed Name		Signature		Mo. Day Year	

CALIFORNIA LIST WASTES

LAND DISPOSAL RESTRICTION NOTIFICATION FORM

Generator Name: HOWMEDICA

LAB PACK Number: EPA D002

EPA ID Number: NJD052077682

Manifest Number: NYA5676894

This form is submitted to RADIAC RESEARCH CORP in accordance with regulations published by EPA at 40 CFR Part 268, which govern the land disposal of certain untreated hazardous wastes. The hazardous waste identified above is one of the "California List" wastes under EPA's Part 268 regulations. In accordance with the waste analysis and recordkeeping requirements specified by EPA at 40 CFR 268.7, I have marked the appropriate box below which indicates how my waste must be managed to conform to the land disposal ban regulations. (See instructions on reverse side for marking appropriate box.)

RESTRICTED WASTE REQUIRES TREATMENT

- (1) ☒ I am the initial generator of an untreated waste identified above which must be treated to the appropriate treatment standard set forth in 40 CFR 268 Subpart D, or where no treatment standard exists for the California List waste, the waste must be treated to the levels specified under 40 CFR 268.32.


RESTRICTED WASTE TREATED TO PERFORMANCE STANDARDS

- (2) ☐ The waste identified above has been treated in compliance with the applicable performance standards specified in 40 CFR 268 Subpart D and/or the applicable prohibitions set forth in 40 CFR 268.32. "I certify under penalty of law that I have personally examined and am familiar with the treatment technology and operation of the treatment process used to support this certification and that, based upon my inquiry of those individuals immediately responsible for obtaining this information, I believe that the treatment process has been operated and maintained properly so as to comply with the performance levels specified in 40 CFR Part 268 Subpart D and all applicable prohibitions set forth in 40 CFR 268.32 of RCRA Section 3004(d) without dilution of the prohibited waste. I am aware that there are significant penalties for submitting a false certification, including the possibility of a fine and imprisonment."

RESTRICTED WASTE SUBJECT TO VARIANCE

- (3) ☐ The waste identified above is not banned from land disposal since it is subject to a case-by-case extension under 40 CFR 268.5, a no-migration petition under 40 CFR 268.6, a nationwide variance under Subpart C, or another exemption which expires on _____

I hereby certify that all information submitted in this and all associated documents is complete and accurate to the best of my knowledge and information.


JOHN F. ZAJAC

SAFETY ENGINEER

5/25/90

Signature

Title

Date

Instructions for Completing Front Side of Form

The California List represents the second phase of the federal land disposal ban which became effective July 8, 1987. A waste is subject to the California List prohibitions if it meets each of the following four criteria:

- (1) the waste must contain a constituent specified in the California List provisions or have a pH less than or equal to two; and
- (2) the physical form of the waste must be liquid (except for HOCs); and
- (3) the waste containing the California List constituent must be listed or identified as hazardous under RCRA section 3001; and
- (4) the waste must contain a concentration of one or more of the California List constituents at or above the levels specified in section 3004(d).

Any generator or treater that manages a California List waste must accompany the shipment off-site with a notification/certification by marking one of the three boxes on the reverse side of this form.

MARK BOX 1 if you are the initial generator of a liquid hazardous waste containing one (or more) of the following substances in the specified concentrations:

- (1) Free cyanides at concentrations greater than or equal to 1000 mg/l.
- (2) One (or more) of these metals (or elements) at concentrations greater than or equal to those specified below:
 - a. Arsenic and /or compounds (as As) 500 mg/l;
 - b. Cadmium and/or compounds (as Cd) 100 mg/l;
 - c. Chromium VI and/or compounds (as CrVI) 500 mg/l;
 - d. Lead and/or compounds (as Pb) 500 mg/l;
 - e. Mercury and/or compounds (as Hg) 20 mg/l;
 - f. Nickel and/or compounds (as Ni) 134 mg/l;
 - g. Selenium and/or compounds (as Se) 100 mg/l;
 - h. Thallium and/or compounds (as TH) 130 mg/l.
- (3) Liquid hazardous wastes having a pH less than or equal to two (2.0).
- (4) Liquid hazardous wastewaters that are primarily water and contain halogenated organic compounds (HOCs) in total concentration greater than or equal to 1,000 mg/l and less than 10,000 mg/l.
- (5) Polychlorinated biphenyls (PCBs) at concentrations greater than or equal to 50 ppm. (Remember the waste must also be a RCRA hazardous waste).

MARK BOX 2 if you have treated one (or more) of the above California List wastes in compliance with the applicable performance standards specified in 40 CFR 268 Subpart D or the applicable prohibitions set forth in 40 CFR 268.32. This means that (1) for liquid hazardous wastes containing free cyanides or metals at the concentration levels specified above, you have treated the waste below those specified concentration levels, or rendered the waste non-liquid per the paint filter test; or (2) for liquid corrosive wastes, you have either treated the waste above a pH of two, or rendered the waste non-liquid per the paint filter test; or (3) for wastewaters containing HOCs in total concentrations greater than or equal to 1,000 mg/l and less than 10,000 mg/l, you have treated the waste below 1,000 mg/l; or (4) for liquid hazardous wastes containing PCBs at concentrations greater than or equal to 50 ppm but less than 500 ppm, you have incinerated the waste in accordance with 40 CFR 761.70 or burned it in a high efficiency boiler in accordance with 40 CFR 761.60; or (5) for liquid hazardous waste containing PCBs at concentrations greater than or equal to 500 ppm, you have incinerated the waste in accordance with 40 CFR 761.70. All liquid hazardous wastes containing PCBs over 500 ppm must also be incinerated in accordance with Parts 264, 265 and 266. The certification on the reverse side must be given by the treater.

MARK BOX 3 if your waste is one of the following:

- (A) Soil and debris containing HOCs in total concentrations greater than or equal to 1,000 mg/kg. This variance expires 7/8/89.
- (B) The California List waste is soil and debris generated from a response action taken under sections 104 or 106 of CERCLA or corrective action taken under sections 3004 or 3008 of RCRA. This exemption expires on November 8, 1988. Box 3 should also be marked if your waste is subject to a case-by-case extension or no-migrations petition.
- (C) The California list waste is an HOC soil and debris generated from a response action taken under sections 104 or 106 of CERCLA or corrective action taken under sections 3004 or 3008 of RCRA. This variance expires on 11/8/90.
- (D) For wastes subject to deepwell injection, all California List waste, except PCBs greater than or equal to 50 mg/l and HOCs greater than or equal to 1%, are subject to a variance until 8/8/90.
- (E) Liquid and nonliquid HOCs (that are not wastewaters) in total concentrations greater than or equal to 1000 mg/kg. This variance expires 11/8/88.

CALIFORNIA LIST WASTES

LAND DISPOSAL RESTRICTION NOTIFICATION FORM

Generator Name: HOWMEDICA

LAB PACK Number: EPA D002

EPA ID Number: NJD052077682

Manifest Number: NYA5676894

This form is submitted to RADIAC RESEARCH CORP in accordance with regulations published by EPA at 40 CFR Part 268, which govern the land disposal of certain untreated hazardous wastes. The hazardous waste identified above is one of the "California List" wastes under EPA's Part 268 regulations. In accordance with the waste analysis and recordkeeping requirements specified by EPA at 40 CFR 268.7, I have marked the appropriate box below which indicates how my waste must be managed to conform to the land disposal ban regulations. (See instructions on reverse side for marking appropriate box.)

RESTRICTED WASTE REQUIRES TREATMENT

- (1) ☒ I am the initial generator of an untreated waste identified above which must be treated to the appropriate treatment standard set forth in 40 CFR 268 Subpart D, or where no treatment standard exists for the California List waste, the waste must be treated to the levels specified under 40 CFR 268.32.

RESTRICTED WASTE TREATED TO PERFORMANCE STANDARDS

- (2) ☐ The waste identified above has been treated in compliance with the applicable performance standards specified in 40 CFR 268 Subpart D and/or the applicable prohibitions set forth in 40 CFR 268.32. "I certify under penalty of law that I have personally examined and am familiar with the treatment technology and operation of the treatment process used to support this certification and that, based upon my inquiry of those individuals immediately responsible for obtaining this information, I believe that the treatment process has been operated and maintained properly so as to comply with the performance levels specified in 40 CFR Part 268 Subpart D and all applicable prohibitions set forth in 40 CFR 268.32 of RCRA Section 3004(d) without dilution of the prohibited waste. I am aware that there are significant penalties for submitting a false certification, including the possibility of a fine and imprisonment."

RESTRICTED WASTE SUBJECT TO VARIANCE

- (3) ☐ The waste identified above is not banned from land disposal since it is subject to a case-by-case extension under 40 CFR 268.5, a no-migration petition under 40 CFR 268.6, a nationwide variance under Subpart C, or another exemption which expires on _____

I hereby certify that all information submitted in this and all associated documents is complete and accurate to the best of my knowledge and information.

JOHN F. SAAC
Signature

SAFETY ENGINEER
Title

5/25/90
Date

Instructions for Completing Front Side of Form

The California List represents the second phase of the federal land disposal ban which became effective July 8, 1987. A waste is subject to the California List prohibitions if it meets each of the following four criteria:

- (1) the waste must contain a constituent specified in the California List provisions or have a pH less than or equal to two; and
- (2) the physical form of the waste must be liquid (except for HOCs); and
- (3) the waste containing the California List constituent must be listed or identified as hazardous under RCRA section 3001; and
- (4) the waste must contain a concentration of one or more of the California List constituents at or above the levels specified in section 3004(d).

Any generator or treater that manages a California List waste must accompany the shipment off-site with a notification/certification by marking one of the three boxes on the reverse side of this form.

MARK BOX 1 if you are the initial generator of a liquid hazardous waste containing one (or more) of the following substances in the specified concentrations:

- (1) Free cyanides at concentrations greater than or equal to 1000 mg/l.
- (2) One (or more) of these metals (or elements) at concentrations greater than or equal to those specified below:
 - a. Arsenic and /or compounds (as As) 500 mg/l;
 - b. Cadmium and/or compounds (as Cd) 100 mg/l;
 - c. Chromium VI and/or compounds (as CrVI) 500 mg/l;
 - d. Lead and/or compounds (as Pb) 500 mg/l;
 - e. Mercury and/or compounds (as Hg) 20 mg/l;
 - f. Nickel and/or compounds (as Ni) 134 mg/l;
 - g. Selenium and/or compounds (as Se) 100 mg/l;
 - h. Thallium and/or compounds (as TH) 130 mg/l.
- (3) Liquid hazardous wastes having a pH less than or equal to two (2.0).
- (4) Liquid hazardous wastewaters that are primarily water and contain halogenated organic compounds (HOCs) in total concentration greater than or equal to 1,000 mg/l and less than 10,000 mg/l.
- (5) Polychlorinated biphenyls (PCBs) at concentrations greater than or equal to 50 ppm. (Remember the waste must also be a RCRA hazardous waste).

MARK BOX 2 if you have treated one (or more) of the above California List wastes in compliance with the applicable performance standards specified in 40 CFR 268 Subpart D or the applicable prohibitions set forth in 40 CFR 268.32. This means that (1) for liquid hazardous wastes containing free cyanides or metals at the concentration levels specified above, you have treated the waste below those specified concentration levels, or rendered the waste non-liquid per the paint filter test; or (2) for liquid corrosive wastes, you have either treated the waste above a pH of two, or rendered the waste non-liquid per the paint filter test; or (3) for wastewaters containing HOCs in total concentrations greater than or equal to 1,000 mg/l and less than 10,000 mg/l, you have treated the waste below 1,000 mg/l; or (4) for liquid hazardous wastes containing PCBs at concentrations greater than or equal to 50 ppm but less than 500 ppm, you have incinerated the waste in accordance with 40 CFR 761.70 or burned it in a high efficiency boiler in accordance with 40 CFR 761.60; or (5) for liquid hazardous waste containing PCBs at concentrations greater than or equal to 500 ppm, you have incinerated the waste in accordance with 40 CFR 761.70. All liquid hazardous wastes containing PCBs over 50 ppm must also be incinerated in accordance with Parts 264, 265 and 266. The certification on the reverse side must be given by the treater.

MARK BOX 3 if your waste is one of the following:

- (A) Soil and debris containing HOCs in total concentrations greater than or equal to 1,000 mg/kg. This variance expires 7/8/89.
- (B) The California List waste is soil and debris generated from a response action taken under sections 104 or 106 of CERCLA or corrective action taken under sections 3004 or 3008 of RCRA. This exemption expires on November 8, 1988. Box 3 should also be marked if your waste is subject to a case-by-case extension or no-migrations petition.
- (C) The California list waste is an HOC soil and debris generated from a response action taken under sections 104 or 106 of CERCLA or corrective action taken under sections 3004 or 3008 of RCRA. This variance expires on 11/8/90.
- (D) For wastes subject to deepwell injection, all California List waste, except PCBs greater than or equal to 50 mg/l and HOCs greater than or equal to 1%, are subject to a variance until 8/8/90.
- (E) Liquid and nonliquid HOCs (that are not wastewaters) in total concentrations greater than or equal to 1000 mg/kg. This variance expires 11/8/88.

CALIFORNIA LIST WASTES

LAND DISPOSAL RESTRICTION NOTIFICATION FORM

Generator Name: HOWMEDICA

LAB PACK Number: EPA D009

EPA ID Number: NJD052077682

Manifest Number: NYA5676894

This form is submitted to RADIAC RESEARCH CORP. in accordance with regulations published by EPA at 40 CFR Part 268, which govern the land disposal of certain untreated hazardous wastes. The hazardous waste identified above is one of the "California List" wastes under EPA's Part 268 regulations. In accordance with the waste analysis and recordkeeping requirements specified by EPA at 40 CFR 268.7, I have marked the appropriate box below which indicates how my waste must be managed to conform to the land disposal ban regulations. (See instructions on reverse side for marking appropriate box.)

RESTRICTED WASTE REQUIRES TREATMENT

- (1) | ☒ | I am the initial generator of an untreated waste identified above which must be treated to the appropriate treatment standard set forth in 40 CFR 268 Subpart D, or where no treatment standard exists for the California List waste, the waste must be treated to the levels specified under 40 CFR 268.32.

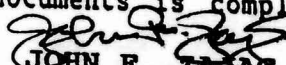
RESTRICTED WASTE TREATED TO PERFORMANCE STANDARDS

- (2) | ☐ | The waste identified above has been treated in compliance with the applicable performance standards specified in 40 CFR 268 Subpart D and/or the applicable prohibitions set forth in 40 CFR 268.32. "I certify under penalty of law that I have personally examined and am familiar with the treatment technology and operation of the treatment process used to support this certification and that, based upon my inquiry of those individuals immediately responsible for obtaining this information, I believe that the treatment process has been operated and maintained properly so as to comply with the performance levels specified in 40 CFR Part 268 Subpart D and all applicable prohibitions set forth in 40 CFR 268.32 of RCRA Section 3004(d) without dilution of the prohibited waste. I am aware that there are significant penalties for submitting a false certification, including the possibility of a fine and imprisonment."

RESTRICTED WASTE SUBJECT TO VARIANCE

- (3) | ☐ | The waste identified above is not banned from land disposal since it is subject to a case-by-case extension under 40 CFR 268.5, a no-migration petition under 40 CFR 268.6, a nationwide variance under Subpart C, or another exemption which expires on _____

I hereby certify that all information submitted in this and all associated documents is complete and accurate to the best of my knowledge and information.


JOHN F. ZAJAS

SAFETY ENGINEER

Signature

Title

5/25/90

Date

8/8/88

Instructions for Completing Front Side of Form

The California List represents the second phase of the federal land disposal ban which became effective July 8, 1987. A waste is subject to the California List prohibitions if it meets each of the following four criteria:

- (1) the waste must contain a constituent specified in the California List provisions or have a pH less than or equal to two; and
- (2) the physical form of the waste must be liquid (except for HOCs); and
- (3) the waste containing the California List constituent must be listed or identified as hazardous under RCRA section 3001; and
- (4) the waste must contain a concentration of one or more of the California List constituents at or above the levels specified in section 3004(d).

Any generator or treater that manages a California List waste must accompany the shipment off-site with a notification/certification by marking one of the three boxes on the reverse side of this form.

MARK BOX 1 if you are the initial generator of a liquid hazardous waste containing one (or more) of the following substances in the specified concentrations:

- (1) Free cyanides at concentrations greater than or equal to 1000 mg/l.
- (2) One (or more) of these metals (or elements) at concentrations greater than or equal to those specified below:
 - a. Arsenic and /or compounds (as As) 500 mg/l;
 - b. Cadmium and/or compounds (as Cd) 100 mg/l;
 - c. Chromium VI and/or compounds (as CrVI) 500 mg/l;
 - d. Lead and/or compounds (as Pb) 500 mg/l;
 - e. Mercury and/or compounds (as Hg) 20 mg/l;
 - f. Nickel and/or compounds (as Ni) 134 mg/l;
 - g. Selenium and/or compounds (as Se) 100 mg/l;
 - h. Thallium and/or compounds (as TH) 130 mg/l.
- (3) Liquid hazardous wastes having a pH less than or equal to two (2.0).
- (4) Liquid hazardous wastewaters that are primarily water and contain halogenated organic compounds (HOCs) in total concentration greater than or equal to 1,000 mg/l and less than 10,000 mg/l.
- (5) Polychlorinated biphenyls (PCBs) at concentrations greater than or equal to 50 ppm. (Remember the waste must also be a RCRA hazardous waste).

MARK BOX 2 if you have treated one (or more) of the above California List wastes in compliance with the applicable performance standards specified in 40 CFR 268 Subpart D or the applicable prohibitions set forth in 40 CFR 268.32. This means that (1) for liquid hazardous wastes containing free cyanides or metals at the concentration levels specified above, you have treated the waste below those specified concentration levels, or rendered the waste non-liquid per the paint filter test; or (2) for liquid corrosive wastes, you have either treated the waste above a pH of two, or rendered the waste non-liquid per the paint filter test; or (3) for wastewaters containing HOCs in total concentrations greater than or equal to 1,000 mg/l and less than 10,000 mg/l, you have treated the waste below 1,000 mg/l; or (4) for liquid hazardous wastes containing PCBs at concentrations greater than or equal to 50 ppm but less than 500 ppm, you have incinerated the waste in accordance with 40 CFR 761.70 or burned it in a high efficiency boiler in accordance with 40 CFR 761.60; or (5) for liquid hazardous waste containing PCBs at concentrations greater than or equal to 500 ppm, you have incinerated the waste in accordance with 40 CFR 761.70. All liquid hazardous wastes containing PCBs over 50 ppm must also be incinerated in accordance with Parts 264, 265 and 266. The certification on the reverse side must be given by the treater.

MARK BOX 3 if your waste is one of the following:

- (A) Soil and debris containing HOCs in total concentrations greater than or equal to 1,000 mg/kg. This variance expires 7/8/89.
- (B) The California List waste is soil and debris generated from a response action taken under sections 104 or 106 of CERCLA or corrective action taken under sections 3004 or 3008 of RCRA. This exemption expires on November 8, 1988. Box 3 should also be marked if your waste is subject to a case-by-case extension or no-migrations petition.
- (C) The California list waste is an HOC soil and debris generated from a response action taken under sections 104 or 106 of CERCLA or corrective action taken under sections 3004 or 3008 of RCRA. This variance expires on 11/8/90.
- (D) For wastes subject to deepwell injection, all California List waste, except PCBs greater than or equal to 50 mg/l and HOCs greater than or equal to 1%, are subject to a variance until 8/8/90.
- (E) Liquid and nonliquid HOCs (that are not wastewaters) in total concentrations greater than or equal to 1000 mg/kg. This variance expires 11/8/88.



State of New Jersey
Department of Environmental Protection
Division of Waste Management
CN 028, Trenton, NJ 08625

lease-print or type. (Form designed for use on elite (12-pitch) typewriter.)

Form Approved. OMB No. 2050-0039. Expires 9-30-88

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No NJ 00053072692	2. Page 1 of 1	Information in the shaded areas is not required by Federal law *
3. Generator's Name and Mailing Address HOWMEDICA CORPORATION 995 VETERANS BLVD. RUTHERFORD, NEW JERSEY 07070		A. State Manifest Document Number NJA0260595		
4. Generator's Phone (201) 935-2100 ext 502		B. State Gen. ID STATE		
5. Transporter 1 Company Name ATLAS ASSOCIATES		6. US EPA ID Number NJ 00091125341	C. State Transporter 1 ID NJDEPS 8477/6028	
7. Transporter 2 Company Name		8. US EPA ID Number	D. Transporter's Phone (201) 684-0024	
9. Designated Facility Name and Site Address MARISOL INC. 125 FACTORY LANE MIDDLESEX, NEW JERSEY 08846		10. US EPA ID Number NJ 00092451544	E. State Transporter 2 ID	
		F. Transporter's Phone		
		G. State Facility's ID		
		H. Facility's Phone (201) 469-5100		
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)		12. Containers	13. Total Quantity	14. Unit
a. WASTE 1,1,1 TRICHLOROETHANE ORM-A UN2831		15. Type 007	00305	G
b.				
c.				
J. Additional Descriptions for Materials Listed Above 1,1,1 TRICHLOROETHANE		K. Handling codes for Wastes Listed Above TOY recovery		
a. WATER, OIL, GRIT (FOR RECOVERY)				
b.				
15. Special Handling Instructions and Additional Information A) TECH 133 1,1,1, TRICHLOROETHANE FOR RECOVERY				
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations, and all applicable state laws and regulations. Unless I am a small quantity generator who has been exempted by statute or regulation from the duty to make a waste minimization certification under Section 3002(b) of RCRA, I also certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and I have selected the method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment		LICENSE NUMBER TPD255 M dec 1 2013		
Printed/Typed Name JOHN F. ZAJA		Signature <i>[Signature]</i>	Date 10/11/13	
17. Transporter 1 Acknowledgement of Receipt of Materials				
Printed/Typed Name ROGER DUNLAP		Signature <i>[Signature]</i>	Date 10/11/13	
18. Transporter 2 Acknowledgement of Receipt of Materials				
Printed/Typed Name		Signature	Date	
19. Discrepancy Indication Space				
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest as set as noted in Item 19				
Printed/Typed Name Gregory A Pilato		Signature <i>[Signature]</i>	Date 10/11/13	

LAND DISPOSAL RESTRICTION NOTIFICATION FORMGenerator Name: HOWMEDICATECH. Number: 133EPA ID Number NJD052077682Manifest Number: NJA0260595

This form is submitted to MARISOL INC. in accordance with regulations published by EPA at 40 CFR Part 268, which govern the land disposal of restricted hazardous waste identified above has been listed as a restricted waste by EPA under the Part 268 regulations. In accordance with the waste analysis and recordkeeping requirements set forth at 40 CFR 268.7, I have marked the appropriate box below to indicate how my waste must be managed to conform to the regulations. (See instructions on reverse side for marking appropriate box).

RESTRICTED WASTE REQUIRES TREATMENT

- ☒ 1. The waste identified above must be treated to the appropriate standard identified in 40 CFR 268 Subpart D.

RESTRICTED WASTE TREATED TO PERFORMANCE STANDARD

- ☐ 2. The waste identified above has been treated, the treatment residues have been tested in accordance with the facility WAP, and the residues have been found to meet the performance standards specified in 40 CFR Part 268 Subpart D. "I certify under penalty of law that I have personally examined and am familiar with the treatment technology and operation of the treatment process used to support this certification and that, based upon my inquiry of those individuals immediately responsible for obtaining this information, I believe that the treatment process has been operated and maintained properly so as to achieve the performance levels specified in 40 CFR Part 268 Subpart D without dilution of the prohibited waste. I am aware that there are significant penalties for submitting a false certification, including the possibility of fine and imprisonment".

RESTRICTED WASTE NATURALLY MEETS THE TREATMENT STANDARDS


The waste identified above naturally meets the performance standards of 40 CFR Part 268 Subpart D, without any treatment being performed.

- ☐ 3. I certify under penalty of law that I personally have examined and am familiar with the waste through analysis and testing or through knowledge of the waste to support this certification that the waste complies with the treatment standards specified in 40 CFR Part 268 Subpart D. I believe that the information I submitted is true, accurate and complete. I am aware that there are significant penalties for submitting a false certification, including the possibility of a fine and imprisonment.

RESTRICTED WASTE SUBJECT TO VARIANCE

- ☐ 4. The waste identified above is not banned from land disposal since it is subject to a case-by-case extension under 40 CFR 268.5, a petition under 40 CFR 268.6, a nationwide variance under Subpart C, or another exemption which expires on _____.

I hereby certify that all material submitted in this and associated documents is complete and accurate to the best of my knowledge and information.


JOHN F. ZAIAC
Signature

SAFETY ENGINEER
Title

5/25/90
Date

Mark Box 1 if you are the initial generator of a spent solvent waste specified in 40 CFR 261.31 as EPA Hazardous Waste Nos. F001, F002, F003, F004 and F005, and your waste is ineligible for a nationwide variance or other exemption from the November 8, 1986 prohibition date. (See below).

If Box 1 is marked, your solvent waste is restricted and must be treated to the standards set forth in the box below prior to land disposal. For each solvent waste present in your waste shipment, check the appropriate box in front of the applicable treatment standard(s). If based upon best knowledge and information, your waste shipment may contain some or all of the constituents listed below, please mark the appropriate boxes or the box labeled "All of the above" at the bottom.

Constituent Concentration in Waste Extract (CCWE) Table

Solvent Constituent	Treatment Standard (mg/l)	
	Wastewaters	All Other Wastes
Acetone	0.05	0.50
n-Butyl alcohol	5.0	5.0
Carbon disulfide	1.05	4.81
Carbon tetrachloride	0.05	0.96
Chlorobenzene	0.15	0.05
Cresols	2.82	0.75
Crattyic acid	2.82	0.75
Cyclohexanone	0.125	0.75
1,2-Dichlorobenzene	0.65	0.125
Ethyl acetate	0.05	0.75
Ethyl benzene	0.05	0.053
Ethyl ether	0.05	0.75
Isobutanol	5.0	5.0
Methanol	0.25	0.75
Methylene chloride	0.20	0.96
Methylene chloride (from pharmaceutical industry)	.44	0.96
Methyl ethyl ketone	0.05	0.75
Methyl isobutyl ketone	0.05	0.33
Nitrobenzene	0.65	0.125
Pyridine	1.12	0.33
Tetrachloroethylene	0.075	0.05
Toluene	1.12	0.33
1,1,1-Trichloroethane	1.05	0.41
1,2,2-Trichloro-1,2,2-trifluoroethane	1.05	0.96
Trichloroethylene	0.052	0.051
Trichlorofluoromethane	0.05	0.96
Xylene	0.05	0.15
All of the above		

Mark Box 2 if you are the owner/operator of a treatment facility that has treated restricted solvent waste to the treatment standards set out in the above table.

Mark Box 3 if the waste naturally meets the treatment standards without any treatment.

Mark Box 4 and the appropriate box below to indicate that your waste is not restricted from land disposal.

- ☐ 1. You are a small quantity generator of 100-1000 kilograms of hazardous waste per month. This variance expires 11/8/88.
- ☐ 2. The solvent waste is a soil and debris generated from a response action taken under sections 104 or 106 of CERCLA or corrective action taken under sections 3004(u) or 3008(h) of RCRA. The variance expires on 11/8/90.
- ☐ 3. You are the initial generator of a solvent waste that is a solvent water mixture, solvent-containing sludge or solid, or solvent-contaminated soil (non-CERCLA or RCRA corrective action) containing less than 1 percent total F001-F005 solvent constituents listed in the above table. This variance expires 11/8/88.
- ☐ 4. The solvent waste is subject to a case-by-case extension or no-migration petition.
- ☐ 5. Your waste is a residue generated from the treatment of only spent solvent wastes identified in one of the above four categories. (e.g., you are a wastewater treatment plant that has treated only wastewater containing less than 1% total F001-F005 solvent constituents.)
- ☐ 6. For F001-F005 wastes destined for deep well injection, waste is a solvent water mixture or solvent containing sludge with less than 1% F001-F005 solvent constituents listed above. This variance expires 8/8/90.

Howmedica

359 VETERANS BOULEVARD • RUTHERFORD, NEW JERSEY 07070 • (201) 507-7300

May 25, 1990

United States Environmental Protection Agency
Region II
26 Federal Plaza
New York, New York 10278
Attn: Mr. George C. Meyer, P.E. Chief
Hazard Waste Compliance Branch

Good Morning:

I am responding to your Warning Letter dated May 16, 1990 concerning alleged violations of 40 CFR 268.7(a) (1) as a result of an inspection conducted by the State of New Jersey .

Your letter indicates that manifest copies NJA7516371, NJA5676894 and NJA0260595 were found to be without LDR notifications. A discussion with Mr. James Sullivan of your staff and a check of our internal records indicates that the particular manifest copies concerning this matter are NYA7516971, NYA5676894 and NJA0260595. I will address matters concerning these manifests.

Attached please find copies of the applicable LDR notifications submitted to the disposal sites. All other shipments have the appropriate LDR notifications attached with records retained with the manifest at the plant. It is also our intention to continue to comply with this regulation in the future by submitting the required LDR notifications and retaining a copy with the manifest.

I hope that this satisfactorily answers the questions you pose in your letter and satisfies the requirements of the regulation. Should you have any further questions or require more information please do not hesitate to contact me at (201) 507-7502, by FAX at (201) 507-7885 or by mail.

Sincerely yours,



John F. Zajac
Safety Engineer



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

REGION II
26 FEDERAL PLAZA
NEW YORK, NEW YORK 10278

MAY 16 1990

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

Mr. John F. Zajac
Safety Manager
Howmedica
359 Veterans Boulevard
Rutherford, New Jersey 07070

Re: Howmedica
EPA I.D. No. NJD052077682

Dear Mr. Zajac:

This Warning Letter is issued pursuant to Section 3008 of the Solid Waste Disposal Act, as amended by the Resource Conservation and Recovery Act of 1976 ("RCRA") and the Hazardous and Solid Waste Amendments of 1984 ("HSWA") 42 U.S.C. §§ 6901, 6928.

Pursuant to HSWA, EPA promulgated regulations on November 7, 1986, which prohibited the land disposal of restricted waste. 51 Fed. Reg. 40,572 (November 7, 1986). These regulations are published in 40 C.F.R. Part 268, and amend various sections of 40 C.F.R. Parts 260-265 and 270. They became effective on November 8, 1986.

The State of New Jersey is authorized by EPA to conduct a hazardous waste program under Section 3006 of RCRA, 42 U.S.C. § 6926. However, the authorized State program does not include provisions of HSWA, and regulations promulgated thereunder. EPA has the sole authority to implement and enforce regulations promulgated pursuant to HSWA, including the land disposal restrictions ("LDR").

On or about February 20, 1990, a duly authorized representative of EPA conducted an inspection of Howmedica, Rutherford, New Jersey, pursuant to Section 3007 of RCRA, 42 U.S.C. § 6927. During this inspection, the inspector noted that:

1. 40 C.F.R. § 268.7(a)(1) which is one of the provisions of the LDR, has been violated. Section 268.7(a)(1) requires the following:

Before a generator offers waste subject to the LDR to a treatment facility, the generator must notify the treatment facility in writing of the appropriate treatment standards set forth in Subpart D of 40 C.F.R. Part 268

The notice must include the following information:

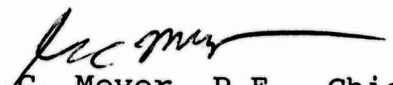
- (i) EPA Hazardous Waste Number;
- (ii) The corresponding treatment standards and all applicable prohibitions set forth in § 268.32 or RCRA Section 3004(d);
- (iii) The manifest number associated with the shipment of waste; and
- (iv) Waste analysis data, where available.

At the time of the above referenced inspection, manifest copies NJA7516371, NJA5676894 and NJA0260595 were found to be without the required LDR notifications. Be advised that EPA requires adherence to its regulations. If you have not already done so, you must take immediate remedial action to implement the regulations published in 40 C.F.R. Part 268. You must submit, within thirty (30) days of the receipt of this letter, documentation, and a description of the actions you have taken to correct the violations noted above and to implement the regulations published in 40 C.F.R. Part 268.

Failure to comply with the requirements of this Warning Letter may subject you to penalties of up to twenty-five thousand dollars (\$25,000) for each day of noncompliance in accordance with Section 3008 of RCRA, 42 U.S.C. § 6928.

If you have any questions regarding this matter, please contact Mr. James Sullivan, at (212) 264-6150.

Sincerely yours,


George C. Meyer, P.E., Chief
Hazardous Waste Compliance Branch

cc: Wayne Howitz, Assistant Director
Hazardous Waste Enforcement Element
New Jersey Department of Environmental Protection
401 East State Street
Trenton, New Jersey 08625-0028

DEPARTMENT OF ENVIRONMENTAL CONSERVATION
DIVISION OF SOLID AND HAZARDOUS WASTE

HAZARDOUS WASTE MANIFEST

P.O. Box 12820, Albany, New York 12212

Form Approved. OMB No. 2050-0039. Expires 9-30-88

Please print or type.

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA No.	Manifest Document No.	2. Page 1 of 1	Information in the shaded areas is not required by Federal Law.	
3. Generator's Name and Mailing Address Howmedica 359 VETERANS BLVD. RUTHERFORD, N.J. 07070		4. Generator's Phone (201 507-7380)		A. State Manifest Document No. NY A 751637 1		
5. Transporter 1 (Company Name) CHEMICAL WASTE MANAGEMENT INC		6. US EPA ID Number 1 ID 0 99 2 02 6881		B. Generator's ID NJD052077682		
7. Transporter 2 (Company Name)		8. US EPA ID Number		C. State Transporter's ID S10331 720XA		
9. Designated Facility Name and Site Address CHEMICAL WASTE MANAGEMENT (SCA CHEMICAL SERVICES) P.O. BOX 200 1550 BALMER ROAD MODEL CITY, NY 14107		10. US EPA ID Number NY DQ 4 98 36 6 79		D. Transporter's Phone (201 465-2121)		
				E. State Transporter's ID		
				F. Transporter's Phone ()		
				G. State Facility's ID NYD049836679		
				H. Facility's Phone (716 754-8231)		
11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)		12. Containers		13. Total Quantity	14. Unit Wt/Vol	15. Waste No.
a. WASTE ACETIC ACID SOLUTION NA-2790 RQ 1# CORROSIVE MATERIAL (EPA # D002-D011)		No. Type				
b. WASTE NITRIC ACID 40% NITRIC NA-1760 RQ 1# CORROSIVE MATERIAL (EPA# D002-D006-D007)		X X4 D F XX220 G D002				
c. HAZARDOUS WASTE LIQUID N.O.S. RQ1000# NA - 9189 ORM-B (EPA# P002)		X X4 DF X X220 G D002				
d.		X X3 D H XX165 G P002				
J. Additional Descriptions for Materials Listed Above		K. Handling Codes for Wastes Listed Above				
a. L-C-B ACETIC ACID AND WATER		I-T 1,1,1,TRICHLOROETHANE FROM 113, OIL, WATER, GRIT				
b. L-C-E NITRIC ACID AND WATER						
15. Special Handling Instructions and Additional Information		b. <input checked="" type="checkbox"/> c. <input type="checkbox"/> d. <input type="checkbox"/>				
A) PROFILE # G62874 FOR TREATMENT		C) PROFILE # J13530 FOR INCINERATION OR FUEL				
B) PROFILE # XXXXXX G62872 FOR TREATMENT						
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations and state laws and regulations.						
If I am a large quantity generator, I certify that I have program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR if I am a small generator, I have made a good faith effort to minimize my waste and select the best waste management method that is available to me and that I can afford.						
Printed/Typed Name Douglas J. Kujawa		Signature <i>Douglas J. Kujawa</i>		Mo. Day Year 0 5 30 89		
17. Transporter 1 (Acknowledgement of Receipt of Materials)		Printed/Typed Name <i>David K. Kimm</i>		Signature <i>David K. Kimm</i>		
18. Transporter 2 (Acknowledgement of Receipt of Materials)		Printed/Typed Name ANTHONY PALISI		Signature <i>Anthony Palisi</i>		
19. Discrepancy Indication Space		I am B-Sage		I am C - NT TZ (AIL)		
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.						
Printed/Typed Name LYNN PIECHOWSKI		Signature <i>Lynn Piechowski</i>		Mo. Day Year 06 06 89		

COPY 5 - Generator-mailed by TSD facility

NY A 751637 1

**Chemical Waste Management, Inc.**

New York Transportation
P.O. Box 200
1550 Balmer Road
Model City, New York 14107
716/754-8231 800/272-7775
FAX: 716/754-2296

TELECOPY

DATE:

5/22/90FAX #: (201) 507-7885

TO:

Doug Kujawa

FROM:

Donna Ames

RE:

Lan Ban NoticesNUMBER OF PAGES 4 (including cover)

IF YOU ARE NOT RECEIVING OUR COPIES, PLEASE INFORM US
IMMEDIATELY. THANK YOU. 1-800-272-7775 or 716-754-8231

CWM, NEW YORK TRANSPORTATION

MODEL CITY, NY

FAX: 716-754-2296

SPENT SOLVENT WASTE

LAND DISPOSAL RESTRICTION NOTIFICATION FORM

Generator Name: HOWMEDICACWM Profile Number: 113533EPA ID Number: NJD052077682Manifest Number: NVA 7516971

This form is submitted to CHEMICAL WASTE MANAGEMENT in accordance with regulations published by EPA at 40 CFR Part 268, which govern the land disposal of restricted hazardous waste identified above has been listed as a restricted waste by EPA under the Part 268 regulations. In accordance with the waste analysis and recordkeeping requirements set forth at 40 CFR 268.7, I have marked the appropriate box below to indicate how my waste must be managed to conform to the regulations. (See instructions on reverse side for marking appropriate box).

RESTRICTED WASTE REQUIRES TREATMENT

- ☒ 1. The waste identified above must be treated to the appropriate standard identified in 40 CFR 268 Subpart D.

RESTRICTED WASTE TREATED TO PERFORMANCE STANDARD

- ☐ 2. The waste identified above has been treated, the treatment residues have been tested in accordance with the facility WAP, and the residues have been found to meet the performance standards specified in 40 CFR Part 268 Subpart D. "I certify under penalty of law that I have personally examined and am familiar with the treatment technology and operation of the treatment process used to support this certification and that, based upon my inquiry of those individuals immediately responsible for obtaining this information, I believe that the treatment process has been operated and maintained properly so as to achieve the performance levels specified in 40 CFR Part 268 Subpart D without dilution of the prohibited waste. I am aware that there are significant penalties for submitting a false certification, including the possibility of fine and imprisonment".

RESTRICTED WASTE NATURALLY MEETS THE TREATMENT STANDARDS

The waste identified above naturally meets the performance standards of 40 CFR Part 268 Subpart D, without any treatment being performed.

- ☐ 3. I certify under penalty of law that I personally have examined and am familiar with the waste through analysis and testing or through knowledge of the waste to support this certification that the waste complies with the treatment standards specified in 40 CFR Part 268 Subpart D. I believe that the information I submitted is true, accurate and complete. I am aware that there are significant penalties for submitting a false certification, including the possibility of a fine and imprisonment.

RESTRICTED WASTE SUBJECT TO VARIANCE

- ☐ 4. The waste identified above is not banned from land disposal since it is subject to a case-by-case extension under 40 CFR 268.5, a petition under 40 CFR 268.6, a nationwide variance under Subpart C, or another exemption which expires on _____.

I hereby certify that all material submitted in this and associated documents is complete and accurate to the best of my knowledge and information.

JOHN F. ZAJAC
Signature

SAFETY ENGINEER
Title

5/30/89
Date

CALIFORNIA LIST WASTES

LAND DISPOSAL RESTRICTION NOTIFICATION FORM

Generator Name: HOWMEDICACWM Profile Number: G 62874EPA ID Number: NJD052077682Manifest Number: NYA 7516971

This form is submitted to CHEMICAL WASTE MANAGEMENT in accordance with regulations published by EPA at 40 CFR Part 268, which govern the land disposal of certain untreated hazardous wastes. The hazardous waste identified above is one of the "California List" wastes under EPA's Part 268 regulations. In accordance with the waste analysis and recordkeeping requirements specified by EPA at 40 CFR 268.7, I have marked the appropriate box below which indicates how my waste must be managed to conform to the land disposal ban regulations. (See instructions on reverse side for marking appropriate box.)

RESTRICTED WASTE REQUIRES TREATMENT

- (1) ☒ I am the initial generator of an untreated waste identified above which must be treated to the appropriate treatment standard set forth in 40 CFR 268 Subpart D, or where no treatment standard exists for the California List waste, the waste must be treated to the levels specified under 40 CFR 268.32.

RESTRICTED WASTE TREATED TO PERFORMANCE STANDARDS

- (2) ☐ The waste identified above has been treated in compliance with the applicable performance standards specified in 40 CFR 268 Subpart D and/or the applicable prohibitions set forth in 40 CFR 268.32. "I certify under penalty of law that I have personally examined and am familiar with the treatment technology and operation of the treatment process used to support this certification and that, based upon my inquiry of those individuals immediately responsible for obtaining this information, I believe that the treatment process has been operated and maintained properly so as to comply with the performance levels specified in 40 CFR Part 268 Subpart D and all applicable prohibitions set forth in 40 CFR 268.32 of RCRA Section 3004(d) without dilution of the prohibited waste. I am aware that there are significant penalties for submitting a false certification, including the possibility of a fine and imprisonment."

RESTRICTED WASTE SUBJECT TO VARIANCE

- (3) ☐ The waste identified above is not banned from land disposal since it is subject to a case-by-case extension under 40 CFR 268.5, a no-migration petition under 40 CFR 268.6, a nationwide variance under Subpart C, or another exemption which expires on _____

I hereby certify that all information submitted in this and all associated documents is complete and accurate to the best of my knowledge and information.

Signature

SAFETY ENGINEER

Title

Date

-CHEMICAL WASTE MANAGEMENT, INC.-

8/8/88

CALIFORNIA LIST WASTES
LAND DISPOSAL RESTRICTION NOTIFICATION FORM

Generator Name: HOWMEDICACWM Profile Number: G62872EPA ID Number: NJD052077682Manifest Number: NYA 7516971

This form is submitted to CHEMICAL WASTE MANAGEMENT in accordance with regulations published by EPA at 40 CFR Part 268, which govern the land disposal of certain untreated hazardous wastes. The hazardous waste identified above is one of the "California List" wastes under EPA's Part 268 regulations. In accordance with the waste analysis and recordkeeping requirements specified by EPA at 40 CFR 268.7, I have marked the appropriate box below which indicates how my waste must be managed to conform to the land disposal ban regulations. (See instructions on reverse side for marking appropriate box.)

RESTRICTED WASTE REQUIRES TREATMENT

- (1) ☒ I am the initial generator of an untreated waste identified above which must be treated to the appropriate treatment standard set forth in 40 CFR 268 Subpart D, or where no treatment standard exists for the California List waste, the waste must be treated to the levels specified under 40 CFR 268.32.

RESTRICTED WASTE TREATED TO PERFORMANCE STANDARDS

- (2) ☐ The waste identified above has been treated in compliance with the applicable performance standards specified in 40 CFR 268 Subpart D and/or the applicable prohibitions set forth in 40 CFR 268.32. "I certify under penalty of law that I have personally examined and am familiar with the treatment technology and operation of the treatment process used to support this certification and that, based upon my inquiry of those individuals immediately responsible for obtaining this information, I believe that the treatment process has been operated and maintained properly so as to comply with the performance levels specified in 40 CFR Part 268 Subpart D and all applicable prohibitions set forth in 40 CFR 268.32 of RCRA Section 3004(d) without dilution of the prohibited waste. I am aware that there are significant penalties for submitting a false certification, including the possibility of a fine and imprisonment."

RESTRICTED WASTE SUBJECT TO VARIANCE

- (3) ☐ The waste identified above is not banned from land disposal since it is subject to a case-by-case extension under 40 CFR 268.5, a no-migration petition under 40 CFR 268.6, a nationwide variance under Subpart C, or another exemption which expires on _____

I hereby certify that all information submitted in this and all associated documents is complete and accurate to the best of my knowledge and information.

JOHN F. ZADAC
 Signature

SAFETY ENGINEER
 Title

5/30/89
 Date

-CHEMICAL WASTE MANAGEMENT, INC.-

8/8/88



STATE OF NEW YORK
DEPARTMENT OF ENVIRONMENTAL CONSERVATION
DIVISION OF SOLID AND HAZARDOUS WASTE

HAZARDOUS WASTE MANIFEST

P.O. Box 12820, Albany, New York 12212

Form Approved. OMB No. 2050-0039. Expires 9-30-88

Please print or type.

UNIFORM HAZARDOUS
WASTE MANIFEST

1. Generator's US EPA No.

Manifest
Document No.

2. Page 1
of

Information in the shaded areas
is not required by Federal Law.

3. Generator's Name and Mailing Address

A. State Manifest Document No.

NY A 567689 4

4. Generator's Phone ()

B. Generator's ID

5. Transporter 1 (Company Name)

6. US EPA ID Number

NYD054126169

C. State Transporter's ID

D. Transporter's Phone ()

7. Transporter 2 (Company Name)

8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone ()

9. Designated Facility Name and Site Address

10. US EPA ID Number

KADAL RESEARCH CORP
261 KENT AVE
BROOKLYN NY 11211

NYD049178296

G. State Facility's ID

H. Facility's Phone ()

11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)

12. Containers

13. Total

14. Unit

Waste No.

a. WASTE FLAMMABLE LIQUID
UN1993 (D001)

No.

Type

Quantity

Unit

Waste No.

b. WASTE ACID LIQUID
UN1993 (D002)

c. WASTE AMMONIUM
UN1993 (D002)

d. WASTE CORROSIVE
UN1993 (D009)

J. Additional Descriptions for Materials listed Above

K. Handling Codes for Wastes Listed Above

a. L-2

b. L-2

a.

c.

b. L-2

c. L-2

b.

d.

15. Special Handling Instructions and Additional Information

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations and state laws and regulations.

If I am a large quantity generator, I certify that I have program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize waste generation and select the best waste management method that is available to me and that I can afford.

Printed/Typed Name

Signature

Mo. Day Year
04 1 288

17. Transporter 1 (Acknowledgement of Receipt of Materials)

Printed/Typed Name

Signature

Mo. Day Year
04 1 288

18. Transporter 2 (Acknowledgement or Receipt of Materials)

Printed/Typed Name

Signature

Mo. Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name

Signature

Mo. Day Year

CALIFORNIA LIST WASTES

LAND DISPOSAL RESTRICTION NOTIFICATION FORM

Generator Name: HOWMEDICA

LAB PACK Number: EPA D002

EPA ID Number: NJD052077682

Manifest Number: NYA5676894

This form is submitted to RADIAC RESEARCH CORP in accordance with regulations published by EPA at 40 CFR Part 268, which govern the land disposal of certain untreated hazardous wastes. The hazardous waste identified above is one of the "California List" wastes under EPA's Part 268 regulations. In accordance with the waste analysis and recordkeeping requirements specified by EPA at 40 CFR 268.7, I have marked the appropriate box below which indicates how my waste must be managed to conform to the land disposal ban regulations. (See instructions on reverse side for marking appropriate box.)

RESTRICTED WASTE REQUIRES TREATMENT

- (1) ☒ I am the initial generator of an untreated waste identified above which must be treated to the appropriate treatment standard set forth in 40 CFR 268 Subpart D, or where no treatment standard exists for the California List waste, the waste must be treated to the levels specified under 40 CFR 268.32.

RESTRICTED WASTE TREATED TO PERFORMANCE STANDARDS

- (2) ☐ The waste identified above has been treated in compliance with the applicable performance standards specified in 40 CFR 268 Subpart D and/or the applicable prohibitions set forth in 40 CFR 268.32. "I certify under penalty of law that I have personally examined and am familiar with the treatment technology and operation of the treatment process used to support this certification and that, based upon my inquiry of those individuals immediately responsible for obtaining this information, I believe that the treatment process has been operated and maintained properly so as to comply with the performance levels specified in 40 CFR Part 268 Subpart D and all applicable prohibitions set forth in 40 CFR 268.32 of RCRA Section 3004(d) without dilution of the prohibited waste. I am aware that there are significant penalties for submitting a false certification, including the possibility of a fine and imprisonment."

RESTRICTED WASTE SUBJECT TO VARIANCE

- (3) ☐ The waste identified above is not banned from land disposal since it is subject to a case-by-case extension under 40 CFR 268.5, a no-migration petition under 40 CFR 268.6, a nationwide variance under Subpart C, or another exemption which expires on _____

I hereby certify that all information submitted in this and all associated documents is complete and accurate to the best of my knowledge and information.

JOHN F. ZAJAC

Signature

SAFETY ENGINEER

Title

5/25/90

Date

8/8/88

Instructions for Completing Front Side of Form

The California List represents the second phase of the federal land disposal ban which became effective July 8, 1987. A waste is subject to the California List prohibitions if it meets each of the following four criteria:

- (1) the waste must contain a constituent specified in the California List provisions or have a pH less than or equal to two; and
- (2) the physical form of the waste must be liquid (except for HOCs); and
- (3) the waste containing the California List constituent must be listed or identified as hazardous under RCRA section 3001; and
- (4) the waste must contain a concentration of one or more of the California List constituents at or above the levels specified in section 3004(d).

Any generator or treater that manages a California List waste must accompany the shipment off-site with a notification/certification by marking one of the three boxes on the reverse side of this form.

MARK BOX 1 if you are the initial generator of a liquid hazardous waste containing one (or more) of the following substances in the specified concentrations:

- (1) Free cyanides at concentrations greater than or equal to 1000 mg/l.
- (2) One (or more) of these metals (or elements) at concentrations greater than or equal to those specified below:
 - a. Arsenic and /or compounds (as As) 500 mg/l;
 - b. Cadmium and/or compounds (as Cd) 100 mg/l;
 - c. Chromium VI and/or compounds (as CrVI) 500 mg/l;
 - d. Lead and/or compounds (as Pb) 500 mg/l;
 - e. Mercury and/or compounds (as Hg) 20 mg/l;
 - f. Nickel and/or compounds (as Ni) 134 mg/l;
 - g. Selenium and/or compounds (as Se) 100 mg/l;
 - h. Thallium and/or compounds (as TH) 130 mg/l.
- (3) Liquid hazardous wastes having a pH less than or equal to two (2.0).
- (4) Liquid hazardous wastewaters that are primarily water and contain halogenated organic compounds (HOCs) in total concentration greater than or equal to 1,000 mg/l and less than 10,000 mg/l.
- (5) Polychlorinated biphenyls (PCBs) at concentrations greater than or equal to 50 ppm. (Remember the waste must also be a RCRA hazardous waste).

MARK BOX 2 if you have treated one (or more) of the above California List wastes in compliance with the applicable performance standards specified in 40 CFR 268 Subpart D or the applicable prohibitions set forth in 40 CFR 268.32. This means that (1) for liquid hazardous wastes containing free cyanides or metals at the concentration levels specified above, you have treated the waste below those specified concentration levels, or rendered the waste non-liquid per the paint filter test; or (2) for liquid corrosive wastes, you have either treated the waste above a pH of two, or rendered the waste non-liquid per the paint filter test; or (3) for wastewaters containing HOCs in total concentrations greater than or equal to 1,000 mg/l and less than 10,000 mg/l, you have treated the waste below 1,000 mg/l; or (4) for liquid hazardous wastes containing PCBs at concentrations greater than or equal to 50 ppm but less than 500 ppm, you have incinerated the waste in accordance with 40 CFR 761.70 or burned it in a high efficiency boiler in accordance with 40 CFR 761.60; or (5) for liquid hazardous waste containing PCBs at concentrations greater than or equal to 500 ppm, you have incinerated the waste in accordance with 40 CFR 761.70. All liquid hazardous wastes containing PCBs over 50 ppm must also be incinerated in accordance with Parts 264, 265 and 266. The certification on the reverse side must be given by the treater.

MARK BOX 3 if your waste is one of the following:

- (A) Soil and debris containing HOCs in total concentrations greater than or equal to 1,000 mg/kg. This variance expires 7/8/89.
- (B) The California List waste is soil and debris generated from a response action taken under sections 104 or 106 of CERCLA or corrective action taken under sections 3004 or 3008 of RCRA. This exemption expires on November 8, 1988. Box 3 should also be marked if your waste is subject to a case-by-case extension or no-migrations petition.
- (C) The California list waste is an HOC soil and debris generated from a response action taken under sections 104 or 106 of CERCLA or corrective action taken under sections 3004 or 3008 of RCRA. This variance expires on 11/8/90.
- (D) For wastes subject to deepwell injection, all California List waste, except PCBs greater than or equal to 50 mg/l and HOCs greater than or equal to 1%, are subject to a variance until 8/8/90.
- (E) Liquid and nonliquid HOCs (that are not wastewaters) in total concentrations greater than or equal to 1000 mg/kg. This variance expires 11/8/88.

CALIFORNIA LIST WASTES

LAND DISPOSAL RESTRICTION NOTIFICATION FORM

Generator Name: HOWMEDICA

LAB PACK Number: EPA D002

EPA ID Number: NJD052077682

Manifest Number: NYA5676894

This form is submitted to RADIAC RESEARCH CORP in accordance with regulations published by EPA at 40 CFR Part 268, which govern the land disposal of certain untreated hazardous wastes. The hazardous waste identified above is one of the "California List" wastes under EPA's Part 268 regulations. In accordance with the waste analysis and recordkeeping requirements specified by EPA at 40 CFR 268.7, I have marked the appropriate box below which indicates how my waste must be managed to conform to the land disposal ban regulations. (See instructions on reverse side for marking appropriate box.)

RESTRICTED WASTE REQUIRES TREATMENT

- (1) ☒ I am the initial generator of an untreated waste identified above which must be treated to the appropriate treatment standard set forth in 40 CFR 268 Subpart D, or where no treatment standard exists for the California List waste, the waste must be treated to the levels specified under 40 CFR 268.32.


RESTRICTED WASTE TREATED TO PERFORMANCE STANDARDS

- (2) ☐ The waste identified above has been treated in compliance with the applicable performance standards specified in 40 CFR 268 Subpart D and/or the applicable prohibitions set forth in 40 CFR 268.32. "I certify under penalty of law that I have personally examined and am familiar with the treatment technology and operation of the treatment process used to support this certification and that, based upon my inquiry of those individuals immediately responsible for obtaining this information, I believe that the treatment process has been operated and maintained properly so as to comply with the performance levels specified in 40 CFR Part 268 Subpart D and all applicable prohibitions set forth in 40 CFR 268.32 of RCRA Section 3004(d) without dilution of the prohibited waste. I am aware that there are significant penalties for submitting a false certification, including the possibility of a fine and imprisonment."

RESTRICTED WASTE SUBJECT TO VARIANCE

- (3) ☐ The waste identified above is not banned from land disposal since it is subject to a case-by-case extension under 40 CFR 268.5, a no-migration petition under 40 CFR 268.6, a nationwide variance under Subpart C, or another exemption which expires on _____

I hereby certify that all information submitted in this and all associated documents is complete and accurate to the best of my knowledge and information.


JOHN F. ZACC

Signature

SAFETY ENGINEER

Title

5/25/90

Date

Instructions for Completing Front Side of Form

The California List represents the second phase of the federal land disposal ban which became effective July 8, 1987. A waste is subject to the California List prohibitions if it meets each of the following four criteria:

- (1) the waste must contain a constituent specified in the California List provisions or have a pH less than or equal to two; and
- (2) the physical form of the waste must be liquid (except for HOCs); and
- (3) the waste containing the California List constituent must be listed or identified as hazardous under RCRA section 3001; and
- (4) the waste must contain a concentration of one or more of the California List constituents at or above the levels specified in section 3004(d).

Any generator or treater that manages a California List waste must accompany the shipment off-site with a notification/certification by marking one of the three boxes on the reverse side of this form.

MARK BOX 1 if you are the initial generator of a liquid hazardous waste containing one (or more) of the following substances in the specified concentrations:

- (1) Free cyanides at concentrations greater than or equal to 1000 mg/l.
- (2) One (or more) of these metals (or elements) at concentrations greater than or equal to those specified below:
 - a. Arsenic and /or compounds (as As) 500 mg/l;
 - b. Cadmium and/or compounds (as Cd) 100 mg/l;
 - c. Chromium VI and/or compounds (as CrVI) 500 mg/l;
 - d. Lead and/or compounds (as Pb) 500 mg/l;
 - e. Mercury and/or compounds (as Hg) 20 mg/l;
 - f. Nickel and/or compounds (as Ni) 134 mg/l;
 - g. Selenium and/or compounds (as Se) 100 mg/l;
 - h. Thallium and/or compounds (as TH) 130 mg/l.
- (3) Liquid hazardous wastes having a pH less than or equal to two (2.0).
- (4) Liquid hazardous wastewaters that are primarily water and contain halogenated organic compounds (HOCs) in total concentration greater than or equal to 1,000 mg/l and less than 10,000 mg/l.
- (5) Polychlorinated biphenyls (PCBs) at concentrations greater than or equal to 50 ppm. (Remember the waste must also be a RCRA hazardous waste).

MARK BOX 2 if you have treated one (or more) of the above California List wastes in compliance with the applicable performance standards specified in 40 CFR 268 Subpart D or the applicable prohibitions set forth in 40 CFR 268.32. This means that (1) for liquid hazardous wastes containing free cyanides or metals at the concentration levels specified above, you have treated the waste below those specified concentration levels, or rendered the waste non-liquid per the paint filter test; or (2) for liquid corrosive wastes, you have either treated the waste above a pH of two, or rendered the waste non-liquid per the paint filter test; or (3) for wastewaters containing HOCs in total concentrations greater than or equal to 1,000 mg/l and less than 10,000 mg/l, you have treated the waste below 1,000 mg/l; or (4) for liquid hazardous wastes containing PCBs at concentrations greater than or equal to 50 ppm but less than 500 ppm, you have incinerated the waste in accordance with 40 CFR 761.70 or burned it in a high efficiency boiler in accordance with 40 CFR 761.60; or (5) for liquid hazardous waste containing PCBs at concentrations greater than or equal to 500 ppm, you have incinerated the waste in accordance with 40 CFR 761.70. All liquid hazardous wastes containing PCBs over 50 ppm must also be incinerated in accordance with Parts 264, 265 and 266. The certification on the reverse side must be given by the treater.

MARK BOX 3 if your waste is one of the following:

- (A) Soil and debris containing HOCs in total concentrations greater than or equal to 1,000 mg/kg. This variance expires 7/8/89.
- (B) The California List waste is soil and debris generated from a response action taken under sections 104 or 106 of CERCLA or corrective action taken under sections 3004 or 3008 of RCRA. This exemption expires on November 8, 1988. Box 3 should also be marked if your waste is subject to a case-by-case extension or no-migrations petition.
- (C) The California list waste is an HOC soil and debris generated from a response action taken under sections 104 or 106 of CERCLA or corrective action taken under sections 3004 or 3008 of RCRA. This variance expires on 11/8/90.
- (D) For waste: subject to deepwell injection, all California List waste, except PCBs greater than or equal to 50 mg/l and HOCs greater than or equal to 1%, are subject to a variance until 8/8/90.
- (E) Liquid and nonliquid HOCs (that are not wastewaters) in total concentrations greater than or equal to 1000 mg/kg. This variance expires 11/8/88.

CALIFORNIA LIST WASTES

LAND DISPOSAL RESTRICTION NOTIFICATION FORM

Generator Name: HOWMEDICA

LAB PACK - Number: EPA D009

EPA ID Number: NJD052077682

Manifest Number: NYA5676894

This form is submitted to RADIAC RESEARCH CORP. in accordance with regulations published by EPA at 40 CFR Part 268, which govern the land disposal of certain untreated hazardous wastes. The hazardous waste identified above is one of the "California List" wastes under EPA's Part 268 regulations. In accordance with the waste analysis and recordkeeping requirements specified by EPA at 40 CFR 268.7, I have marked the appropriate box below which indicates how my waste must be managed to conform to the land disposal ban regulations. (See instructions on reverse side for marking appropriate box.)

RESTRICTED WASTE REQUIRES TREATMENT

- (1) | ☒ I am the initial generator of an untreated waste identified above which must be treated to the appropriate treatment standard set forth in 40 CFR 268 Subpart D, or where no treatment standard exists for the California List waste, the waste must be treated to the levels specified under 40 CFR 268.32.

RESTRICTED WASTE TREATED TO PERFORMANCE STANDARDS

- (2) | ☐ The waste identified above has been treated in compliance with the applicable performance standards specified in 40 CFR 268 Subpart D and/or the applicable prohibitions set forth in 40 CFR 268.32. "I certify under penalty of law that I have personally examined and am familiar with the treatment technology and operation of the treatment process used to support this certification and that, based upon my inquiry of those individuals immediately responsible for obtaining this information, I believe that the treatment process has been operated and maintained properly so as to comply with the performance levels specified in 40 CFR Part 268 Subpart D and all applicable prohibitions set forth in 40 CFR 268.32 of RCRA Section 3004(d) without dilution of the prohibited waste. I am aware that there are significant penalties for submitting a false certification, including the possibility of a fine and imprisonment."

RESTRICTED WASTE SUBJECT TO VARIANCE

- (3) | ☐ The waste identified above is not banned from land disposal since it is subject to a case-by-case extension under 40 CFR 268.5, a no-migration petition under 40 CFR 268.6, a nationwide variance under Subpart C, or another exemption which expires on _____

I hereby certify that all information submitted in this and all associated documents is complete and accurate to the best of my knowledge and information.

JOHN F. ZAJAC
Signature

SAFETY ENGINEER
Title

5/25/90
Date

Instructions for Completing Front Side of Form

The California List represents the second phase of the federal land disposal ban which became effective July 8, 1987. A waste is subject to the California List prohibitions if it meets each of the following four criteria:

- (1) the waste must contain a constituent specified in the California List provisions or have a pH less than or equal to two; and
- (2) the physical form of the waste must be liquid (except for HOCs); and
- (3) the waste containing the California List constituent must be listed or identified as hazardous under RCRA section 3001; and
- (4) the waste must contain a concentration of one or more of the California List constituents at or above the levels specified in section 3004(d).

Any generator or treater that manages a California List waste must accompany the shipment off-site with a notification/certification by marking one of the three boxes on the reverse side of this form.

MARK BOX 1 if you are the initial generator of a liquid hazardous waste containing one (or more) of the following substances in the specified concentrations:

- (1) Free cyanides at concentrations greater than or equal to 1000 mg/l.
- (2) One (or more) of these metals (or elements) at concentrations greater than or equal to those specified below:
 - a. Arsenic and /or compounds (as As) 500 mg/l;
 - b. Cadmium and/or compounds (as Cd) 100 mg/l;
 - c. Chromium VI and/or compounds (as CrVI) 500 mg/l;
 - d. Lead and/or compounds (as Pb) 500 mg/l;
 - e. Mercury and/or compounds (as Hg) 20 mg/l;
 - f. Nickel and/or compounds (as Ni) 134 mg/l;
 - g. Selenium and/or compounds (as Se) 100 mg/l;
 - h. Thallium and/or compounds (as TH) 130 mg/l.
- (3) Liquid hazardous wastes having a pH less than or equal to two (2.0).
- (4) Liquid hazardous wastewaters that are primarily water and contain halogenated organic compounds (HOCs) in total concentration greater than or equal to 1,000 mg/l and less than 10,000 mg/l.
- (5) Polychlorinated biphenyls (PCBs) at concentrations greater than or equal to 50 ppm. (Remember the waste must also be a RCRA hazardous waste).

MARK BOX 2 if you have treated one (or more) of the above California List wastes in compliance with the applicable performance standards specified in 40 CFR 268 Subpart D or the applicable prohibitions set forth in 40 CFR 268.32. This means that (1) for liquid hazardous wastes containing free cyanides or metals at the concentration levels specified above, you have treated the waste below those specified concentration levels, or rendered the waste non-liquid per the paint filter test; or (2) for liquid corrosive wastes, you have either treated the waste above a pH of two, or rendered the waste non-liquid per the paint filter test; or (3) for wastewaters containing HOCs in total concentrations greater than or equal to 1,000 mg/l and less than 10,000 mg/l, you have treated the waste below 1,000 mg/l; or (4) for liquid hazardous wastes containing PCBs at concentrations greater than or equal to 50 ppm but less than 500 ppm, you have incinerated the waste in accordance with 40 CFR 761.70 or burned it in a high efficiency boiler in accordance with 40 CFR 761.60; or (5) for liquid hazardous waste containing PCBs at concentrations greater than or equal to 500 ppm, you have incinerated the waste in accordance with 40 CFR 761.70. All liquid hazardous wastes containing PCBs over 50 ppm must also be incinerated in accordance with Parts 264, 265 and 266. The certification on the reverse side must be given by the treater.

MARK BOX 3 if your waste is one of the following:

- (A) Soil and debris containing HOCs in total concentrations greater than or equal to 1,000 mg/kg. This variance expires 7/8/89.
- (B) The California List waste is soil and debris generated from a response action taken under sections 104 or 106 of CERCLA or corrective action taken under sections 3004 or 3008 of RCRA. This exemption expires on November 8, 1988. Box 3 should also be marked if your waste is subject to a case-by-case extension or no-migrations petition.
- (C) The California list waste is an HOC soil and debris generated from a response action taken under sections 104 or 106 of CERCLA or corrective action taken under sections 3004 or 3008 of RCRA. This variance expires on 11/8/90.
- (D) For wastes subject to deepwell injection, all California List waste, except PCBs greater than or equal to 50 mg/l and HOCs greater than or equal to 1%, are subject to a variance until 8/8/90.
- (E) Liquid and nonliquid HOCs (that are not wastewaters) in total concentrations greater than or equal to 1000 mg/kg. This variance expires 11/8/88.

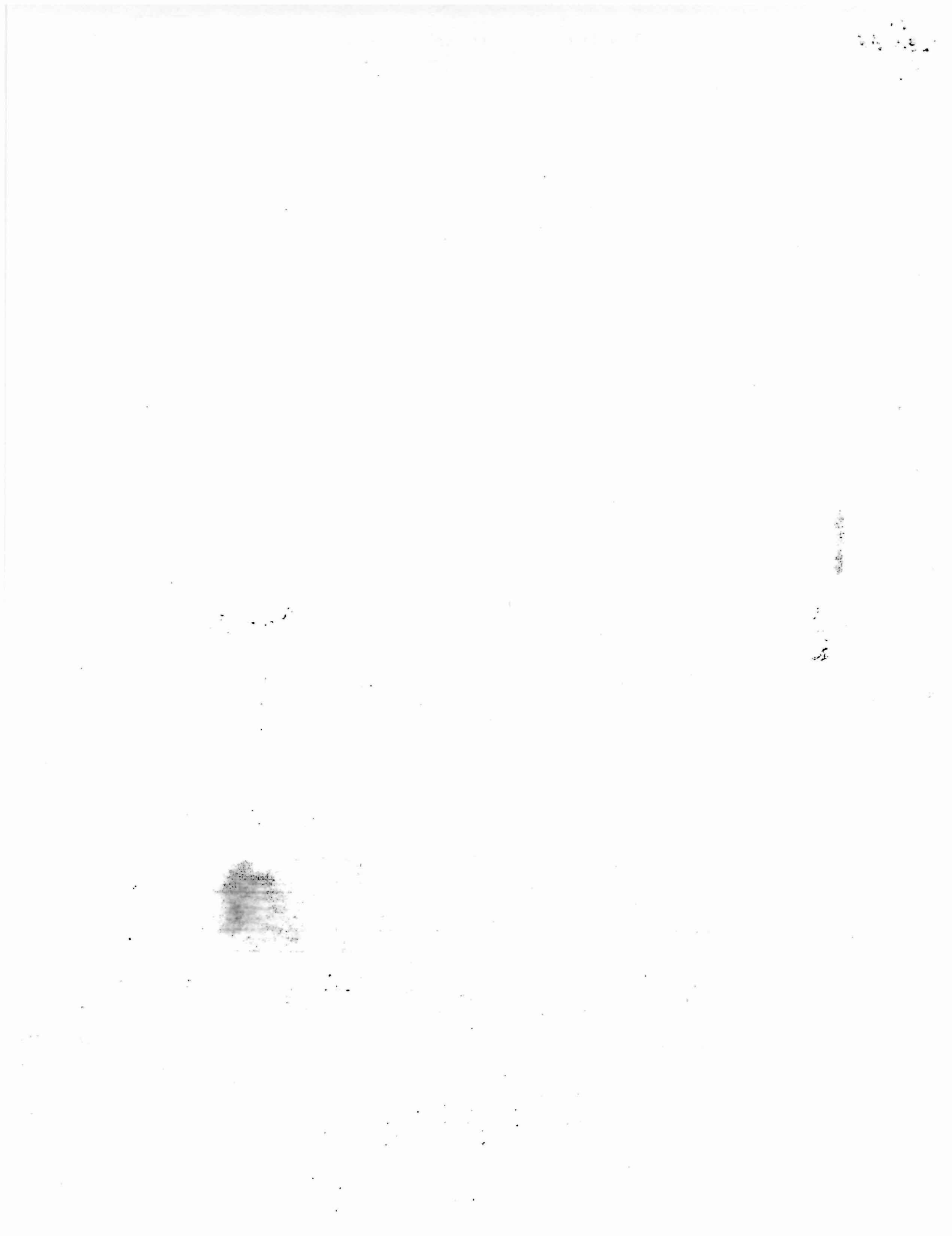


State of New Jersey
Department of Environmental Protection
Division of Waste Management
CN 028, Trenton, NJ 08625

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

Form Approved. OMB No. 2050-0039. Expires 9-30-88

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No	2. Page 1 of 1	Information in the shaded areas is not required by Federal law *		
3. Generator's Name and Mailing Address HOWMEDICA CORPORATION 995 VETERANS BLVD. RUTHERFORD, NEW JERSEY 07070		4. Generator's Phone (201) 935-2100 ext 502	A. State Manifest Document Number NJA0260595			
5. Transporter 1 Company Name ATLAS ASSOCIATES		6. US EPA ID Number NJ00001125341	B. State Gen. ID SAME			
7. Transporter 2 Company Name		8. US EPA ID Number	C. State Transporter 1 ID NJDEPS 8477/0020			
9. Designated Facility Name and Site Address MARISOL INC. 125 FACTORY LANE MIDDLESEX, NEW JERSEY 08846		10. US EPA ID Number NJ00002451544	D. Transporter's Phone (201) 684-0024			
			E. State Transporter 2 ID			
			F. Transporter's Phone			
			G. State Facility's ID			
			H. Facility's Phone (201) 469-5100			
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)		12. Containers	13. Total Quantity	14. Unit Vol	I. Waste No.	
a. WASTE 1,1,1 TRICHLOROETHANE ORM-A UN2831		007	00385	G	F-COI	
b.						
c.						
J. Additional Descriptions for Materials Listed Above 1-T 1,1,1 TRICHLOROETHANE		K. Handling codes for Wastes Listed Above T04 recovery				
a. WATER, OIL, GRIT (FOR RECOVERY)						
b.						
15. Special Handling Instructions and Additional Information A) TECH 133 1,1,1, TRICHLOROETHANE FOR RECOVERY		LICENSE NUMBER TPD255 M				
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations, and all applicable state laws and regulations. Unless I am a small quantity generator who has been exempted by statute or regulation from the duty to make a waste minimization certification under Section 3002(b) of RCRA, I also certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and I have selected the method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment.		Date dec 1 2013				
Printed/Typed Name JOHN F. ZAJA		Signature <i>[Signature]</i>			Date 10/1/13	
17. Transporter 1 Acknowledgement of Receipt of Materials						
Printed/Typed Name ROGER DUNLAP		Signature <i>[Signature]</i>			Date 10/1/13	
18. Transporter 2 Acknowledgement of Receipt of Materials						
Printed/Typed Name		Signature			Date	
19. Discrepancy Indication Space						
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in item 19						
Printed/Typed Name Gregory A Pilato		Signature <i>[Signature]</i>			Date 10/1/13	



LAND DISPOSAL RESTRICTION NOTIFICATION FORMGenerator Name: HOWMEDICATECH. Number: 133EPA ID Number NJD052077682Manifest Number: NJA0260595

This form is submitted to MARISOL INC. in accordance with regulations published by EPA at 40 CFR Part 268, which govern the land disposal of restricted hazardous waste identified above has been listed as a restricted waste by EPA under the Part 268 regulations. In accordance with the waste analysis and recordkeeping requirements set forth at 40 CFR 268.7, I have marked the appropriate box below to indicate how my waste must be managed to conform to the regulations. (See instructions on reverse side for marking appropriate box).

RESTRICTED WASTE REQUIRES TREATMENT

- ☒ 1. The waste identified above must be treated to the appropriate standard identified in 40 CFR 268 Subpart D.

RESTRICTED WASTE TREATED TO PERFORMANCE STANDARD

- ☐ 2. The waste identified above has been treated, the treatment residues have been tested in accordance with the facility WAP, and the residues have been found to meet the performance standards specified in 40 CFR Part 268 Subpart D. "I certify under penalty of law that I have personally examined and am familiar with the treatment technology and operation of the treatment process used to support this certification and that, based upon my inquiry of those individuals immediately responsible for obtaining this information, I believe that the treatment process has been operated and maintained properly so as to achieve the performance levels specified in 40 CFR Part 268 Subpart D without dilution of the prohibited waste. I am aware that there are significant penalties for submitting a false certification, including the possibility of fine and imprisonment".

RESTRICTED WASTE NATURALLY MEETS THE TREATMENT STANDARDS


The waste identified above naturally meets the performance standards of 40 CFR Part 268 Subpart D, without any treatment being performed.

- ☐ 3. I certify under penalty of law that I personally have examined and am familiar with the waste through analysis and testing or through knowledge of the waste to support this certification that the waste complies with the treatment standards specified in 40 CFR Part 268 Subpart D. I believe that the information I submitted is true, accurate and complete. I am aware that there are significant penalties for submitting a false certification, including the possibility of a fine and imprisonment.

RESTRICTED WASTE SUBJECT TO VARIANCE

- ☐ 4. The waste identified above is not banned from land disposal since it is subject to a case-by-case extension under 40 CFR 268.5, a petition under 40 CFR 268.6, a nationwide variance under Subpart C, or another exemption which expires on _____.

I hereby certify that all material submitted in this and associated documents is complete and accurate to the best of my knowledge and information.


JOHN F. ZAIAC
Signature

SAFETY ENGINEER
Title

5/25/90
Date

Mark Box 1 if you are the initial generator of a spent solvent waste specified in 40 CFR 261.31 as EPA Hazardous Waste Nos. F001, F002, F003, F004 and F005, and your waste is ineligible for a nationwide variance or other exemption from the November 8, 1986 prohibition date. (See below).

If Box 1 is marked, your solvent waste is restricted and must be treated to the standards set forth in the box below prior to land disposal. For each solvent waste present in your waste shipment, check the appropriate box in front of the applicable treatment standard(s). If based upon best knowledge and information, your waste shipment may contain some or all of the constituents listed below, please mark the appropriate boxes or the box labeled "All of the above" at the bottom.

Constituent Concentration in Waste Extract (CCWE) Table

Solvent Constituent	Treatment Standard (mg/l)	
	Wastewaters	All Other Wastes
Acetone	0.05	0.99
n-Butyl alcohol	5.0	5.0
Carbon disulfide	1.05	4.81
Carbon tetrachloride	0.05	0.99
Chlorobenzene	0.15	0.05
Cresols	2.82	0.75
Cresylic acid	2.82	0.75
Cyclohexanone	0.125	0.75
1,2-Dichlorobenzene	0.65	0.125
Ethyl acetate	0.05	0.75
Ethyl benzene	0.05	0.053
Ethyl ether	0.05	0.75
Isobutanol	5.0	5.0
Methanol	0.25	0.75
Methylene chloride	0.20	0.99
Methylene chloride (from pharmaceutical industry)	.44	0.99
Methyl ethyl ketone	0.05	0.75
Methyl isobutyl ketone	0.05	0.33
Nitrobenzene	0.65	0.125
Pyridine	1.12	0.33
Tetrachloroethylene	0.079	0.05
Toluene	1.12	0.33
1,1,1-Trichloroethane	1.05	0.41
1,2,2-Trichloro-		
1,2,2-trifluoroethane	1.05	0.99
Trichloroethylene	0.082	0.091
Trichlorofluoromethane	0.05	0.99
Xylene	0.05	0.15
All of the above		

Mark Box 2 if you are the owner/operator of a treatment facility that has treated restricted solvent waste to the treatment standards set out in the above table.

Mark Box 3 if the waste naturally meets the treatment standards without any treatment.

Mark Box 4 and the appropriate box below to indicate that your waste is not restricted from land disposal.

- ☐ 1. You are a small quantity generator of 100-1000 kilograms of hazardous waste per month. This variance expires 11/8/88.
- ☐ 2. The solvent waste is a soil and debris generated from a response action taken under sections 104 or 106 of CERCLA or corrective action taken under sections 3004(u) or 3008(h) of RCRA. The variance expires on 11/8/90.
- ☐ 3. You are the initial generator of a solvent waste that is a solvent water mixture, solvent-containing sludge or solid, or solvent-contaminated soil (non-CERCLA or RCRA corrective action) containing less than 1 percent total F001-F005 solvent constituents listed in the above table. This variance expires 11/8/88.
- ☐ 4. The solvent waste is subject to a case-by-case extension or no-migration petition.
- ☐ 5. Your waste is a residue generated from the treatment of only spent solvent wastes identified in one of the above four categories. (e.g., you are a wastewater treatment plant that has treated only wastewater containing less than 1% total F001-F005 solvent constituents.)
- ☐ 6. For F001-F005 wastes destined for deep well injection, waste is a solvent water mixture or solvent containing sludge with less than 1% F001-F005 solvent constituents listed above. This variance expires 8/8/90.

NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION
DIVISION OF HAZARDOUS WASTE MANAGEMENT
HAZARDOUS WASTE INSPECTION REPORT

DWM-329

GENERATOR INSPECTION REPORT

FACILITY INFORMATION

FACILITY NAME: Howmedica
FILE NUMBER: _____
VHT FACILITY FILE NUMBER: _____
PERMIT #: _____
REGION: MFD
INSPECTION DATE: 4-10-90
INCIDENT/CASE NUMBER: _____
INSPECTION TYPE: Generator
RESPONSIBLE AGENCY CODE: State
INSPECTOR'S NAME: Jodie Stein
INSPECTOR'S AGENCY: NSDEP
INSPECTOR'S BUREAU: DHWM
EPA ID NUMBER: NS0052077682
ADDRESS: 359 Veterans Blvd
Rutherford NJ 07070
LOT: 73069D, 68F BLOCK: 219
68E, 67G
COUNTY: Bergen
FACILITY PERSONNEL: John Zajac
Doug Kuicwa
TELEPHONE #: 507-7300
OTHER STATE/EPA PERSONNEL: _____
REPORT PREPARED BY: Jodie Stein
REVIEWED BY: Asterling
DATE OF REVIEW: 4-25-90

APR 16 1990

TIME IN: _____

TIME OUT: _____

PHOTOS TAKEN ☐ YES ☐ NO

IF YES, HOW MANY? _____

SAMPLE TAKEN ☐ YES ☐ NO

NO. OF SAMPLES _____

NJDEP SAMPLE ID#: _____

MANIFESTS REVIEWED ☒ YES ☐ NO

Number of manifests in compliance

43

Number of manifests not in compliance

0

List manifest document numbers of those manifests not in compliance.

-A1-

SUMMARY OF FINDINGSFACILITY DESCRIPTION AND OPERATIONS:

On 4-10-90 I conducted a RCRA inspection at Howmedica, in Rutherford, a division of Pfizer Hospital Products Inc.

The facility personnel spokes to was John Zafic, safety manager & Doug Kujawa, environmental specialist.

Howmedica presently has 3 shifts: 7:15-4:45; 4:45-1:15; 1:30-7:00, and employs 1200 people.

Howmedica is a company that manufactures orthopaedic reconstruction & trauma products, such as hip & knee joint replacements, rods & plate implants for bones, etc. These hip & knee joints are made metal (cobalt, chrome alloy, titanium) and stainless steel to prevent rusting. Specific tools for the surgeon to use are also manufactured here. These orthopaedic devices are made with general specs as well as specific specs.

The general process is as follows:

SUMMARY OF FINDINGSFACILITY DESCRIPTION AND OPERATIONS (continued):

They begin with a brass master pattern & make a wax mold from this. Then a metal comes in in ribbed form (round - $2\frac{1}{2}$ " diam - 3' long). It is cut down to size needed to melt. The metal gets heated up in an electric (inductotherm) pot and poured into wax mold. This then gets mounted onto a spreader [a device that holds these parts so you can do several devices at one time.]. From here, the spreaders containing the wax molds with metal inside, get mounted on a small inverted pottery latting bowl, and then go into the Aluminum oxide room, where aluminum oxide gets applied 7-8 times to build an outer shell. This shell covers the wax mold which in turn covers the metal. They're allowed to dry for several minutes and then get put into a huge autoclave to melt off the wax, which comes down the ^{inside of the} spreader into the inverted pottery bowl. Once

-A3-

SUMMARY OF FINDINGSFACILITY DESCRIPTION AND OPERATIONS (continued):

the way is gone, the devices go into a large industrial furnace (2) that runs continuously at approx 2000°F for 4 hrs. This is where the metal gets remelted into the aluminum oxide shell (mold). When the desired status is reached, the screws are removed from the furnace and allowed to cool. Once cooled, the aluminum oxide shell is then removed and the devices are now ready to be refined. Depending upon certain specs, some devices get further heat-treated because tiny metal beads need to be added for a tighter fit. These beads are applied by hand with adhesive glue & then heat-treated for permanent application. Because the metals in these devices contain iron, nitric acid is used in a passivation process, which is in 150 gal tanks, (waste stream #1) & which removes this iron, & puts a passive layer on the device as an anti corrosive. From here, the device gets rinsed in

A-4
~~B-~~SUMMARY OF FINDINGSFACILITY DESCRIPTION AND OPERATIONS (continued):

a series of 3 water tanks (30 gal each - discharged into sewer) and 1 tank (also 30 gal) of sodium bicarbonate to neutralize it, & then from here go into 1 of 3 preon (III, Tce) degreasers (wastestream #2) (150 gal) for drying purposes. From here, these devices go to various areas for grinding, buffing and sanding. The grinding machines use lubricating oil (X720) which is wastestream #3 as well as H₂O soluble oils. From here, these devices go to the x-ray dept. where x-rays are taken to make sure there are no defects in the metal. This is where acetic acid is used, as well as other x-ray by-products (developer etc.). This is wastestream #4. If the device needs certain excitations or if the part needs special modification sodium hydroxide (wastestream #5) is used. ^{sodium hydroxide sludge} The device goes into 2-250 gal tanks via a basket onto a conveyor belt, for 4 hrs, & then goes into one 250 gal rinse H₂O tank (also discharged into sewer).

A-5
~~13~~SUMMARY OF FINDINGSFACILITY DESCRIPTION AND OPERATIONS (continued):

In any case, all devices ultimately go into a sink-like area for electropolishing to get a smooth shiny surface. Sulfuric / phosphoric acid mixture is used for this procedure (and varies - wastewater #6).

(all metal shavings from the process either go back to the vendor (in 55 gal drums) or go to a scrap metal dealer.)

From here, the devices go thru QA/QC and then into the packaging dept. There are several degreasers here (10-15 gal + 1-250 gal) with 111, trichloroethane. The devices are not sterilized before packaging, but they are degreased so no oil or particles are left on them.

The tour found all areas to be in good shape. There were 2 hazardous waste storage areas, both labeled as such & both fenced in (outdoors). One area contains

A-6

~~18~~SUMMARY OF FINDINGSFACILITY DESCRIPTION AND OPERATIONS (continued):

2-Above ground storage tanks (not approved by the dept - NOV issued) containing H_2O -soluble oil (1000 gal each), and 1-500 gal mineral type oil (all for ~~ind~~ lubricating machines.) (amts vary.) The other area contains hazardous drums: 55 gal-
6- D002-phosphoric/sulfuric acid
1- D002-nitric acid
4- D002-Acetic acid
4- F001- Freon (111Tce).
- of the 4 acetic acid, (fiberglass drums) 3 were w/out accum. start dates
- of the 4 Freon (111Tce) metal drums 3 were w/out accum. start dates. For these, NOV's were issued. Also in this area were 5- 55 gal drums of "reusable" hydraulic oil.
There was a non-haz. area also on site where 1 20,000 gal Liquid nitrogen tank & 1 20,000 gal Argon tank (for inert atmosphere use in industrial furnace use.) are located.

14-7
~~14-7~~SUMMARY OF FINDINGSFACILITY DESCRIPTION AND OPERATIONS (continued):

These areas seemed to be in good order except for the accum. sludge pits where DO's were issued.

The requested documents were also received. There are 23 air permits # 00565, & Permit from Bergen County Sewer - 90-039. All manifests were in good order. However, the following violations were found: 7126-9.4(d)5, 9.3(a)3, 9.3(b), 9.6(f)4, & 9.7e+seq.

NY A7516371

NY A 5676894

NY A 0260595

Also found, were 3 manifests w/out LDR notification. Therefore, I recommend USEPA be notified for further investigation &/or enforcement.

Also, although they did not have a contingency plan at the time of my visit, there is a copy enclosed of their proposed plan in progress. The company indicated that they were in the process of developing a full Contingency Plan.

-B-

Describe the activities that result in the generation of hazardous waste.

See Narrative

Identify the hazardous waste located on site, and estimate the approximate quantities of each. (Identify Waste Codes)

55-gal - 6 - D002 - Phosphoric / Sulfuric acid
55-gal - 1 - D002 - Nitric acid
" " 4 - D002 - Acetic acid
" " 4 - F001 - Freon (111 Tce)

GENERAL

GENERAL CHECKLIST

YES NO N/A

7:26-7.4(a)1

Does the Generator have an EPA ID number?

✓ — —

HAZARDOUS WASTE DETERMINATION

7:26-8.5(a)

Did the generator test its waste to determine whether it is hazardous?

✓ — —

7:26-8.5(b)

Did the generator determine the hazardous characteristics based upon knowledge of process?

✓ — —

Is the waste hazardous?

✓ — —

7:26-8.5(d)

Were test results, waste analysis, or other determinations made in accordance with this section kept for three years from the date that the waste was last sent to an on-site or off-site TSF?

✓ — —

MANIFESTS

7:26-7.4(a)4

Does each manifest have the following information? Please circle the elements missing and obtain a copy of the incomplete manifests. (List those manifests that are deficient on G-1).

— — —

7:26-7.4(a)4i

The generator's name, address and phone number.

✓ — —

7:26-7.4(a)4ii

The generator's EPA ID number.

✓ — —

7:26-7.4(a)4iii

The hauler(s) name, address phone number and NJ registration.

✓ — —

7:26-7.4(a)4iv

The hauler(s) EPA ID number.

✓ — —

7:26-7.4(a)4v

The name, address and phone number of the designated TSD facility.

✓ — —

7:26-7.4(a)4vi

The TSF's EPA ID number.

✓ — —

7:26-7.4(a)4v

The name, address and phone number of the designated TSD facility.

✓ — —

7:26-7.4(a)4vii

The name, type and quantity of hazardous waste being shipped, including such particulars as may be required regarding same?

✓ — —

7:26-7.4(a)4viii

Special handling instructions and any other information required on the form to be shipped by generator?

✓ — —

✓ — —

✓ — —

✓ — —

		YES	NO	N/A
7:26-7.4(3)	Did the generator describe all N.O.S. wastes in Section J?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7:26-7.4(a)ix	When shipping hazardous waste to a waste reuse facility does the generator enter the waste reuse facility I.D. # in the section G of the Uniform Manifest?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7:26-7.4(a)5	Before allowing the manifested waste to leave the generator's property, did the generator:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7:26-7.4(a)5i	Sign the manifest certification by hand?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7:26-7.4(a)5ii	Obtain the handwritten signature of the initial transporter and date of acceptance on the manifest?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7:26-7.4(a)5iii	Retain one copy and forward one copy to the state of origin and one copy to the state of destination?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7:26-7.4(a)5iv	Provide the required numbers of copies for: generator, each hauler, owner/operator of the designated facility, as well as one copy returned to the generator by the facility owner/operator?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7:26-7.4(a)5v	Give the remaining copies of the manifest form to the hauler?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7:26-7.4(f)	Has the generator maintained facility records for three (3) years? (Manifest(s), exception report(s) and waste analysis)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7:26-7.4(h)1	Has the generator received signed copies of portion B (from the TSD facility) of all manifests for waste shipped off site more than 35 days ago?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7:26-7.4(h)1	If not: Did the generator contact the hauler and/or the owner or operator of the TSDF and the NJDEP at (609) 292-8341 to inform the NJDEP of the situation?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7:26-7.4(h)2	Have exception reports been submitted to the Department covering any of these shipments made more than 45 days ago?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

7:26-9.3

Accumulation Time

How is waste accumulated on site?

- ☐ Containers — 55 gal drums
☐ Tanks (greater than 90 days)
 (complete HWMF (TSD) Facility Checklist)
☒ Tanks (less than 90 days)
☒ Above ground
☐ Below ground
☐ Surface impoundments
 (complete HWMF (TSD) Facility Checklist)
☐ Piles (complete HWMF checklist)

7:26-9.3(a)1

Is waste accumulated for more than
90 days?YES NO N/A

— — —
 — — —

STOP HERE IF THE HAZARDOUS WASTE MANAGEMENT FACILITY (TSF) CHECKLIST IS
FILLED OUT.

Short term accumulation standards for generators who accumulate waste in containers and tanks for 90 days or less:

<u>Containers</u>		<u>YES</u>	<u>NO</u>	<u>N/A</u>
7:26-9.4	What type of containers are used for storage. Describe size, type, quantity, and nature of waste (e.g. 12 fifty-five gallon drums of waste acetone).	55 gal drums & 26 tank		
7:26-9.4(d)2	Do the containers appear to be in good condition, not in danger of leaking?	✓	—	—
	If no, describe the problem (include number of containers involved.)	—	—	—
7:26-9.4(d)41	Are all containers securely closed except those in use?	✓	—	—
7:26-9.4(d)4111	Do the containers appear to be properly handled or stored in a manner which will minimize the risk of the container rupturing and/or leaking?	✓	—	—
7:26-9.4(d)41v	Are containerized hazardous wastes segregated in storage by waste type?	✓	—	—
7:26-9.4(d)4v	Is every container arranged so that its identification label is visible?	✓	—	—
7:26-9.4(d)5	Is the container storage area inspected at least daily?	—	✓	—
7:26-9.4(d)6	Are containers holding ignitable and reactive wastes located at least 50 (fifty) feet (15 meters) from the facilities property line?	✓	—	—
7:26-7.2(a)	Did the owner/operator conspicuously label appropriate manifest number on all hazardous waste containers that are intended for shipment?	✓	—	—
7:26-9.3(a)3	Is each container clearly dated with each period of accumulation so as to be visible for inspection?	—	✓	—

7:26-7.2(b)

Did the owner/operator insure that all containers used to transport hazardous waste off site are in conformance with applicable DOT regulations? (49CFR 171, 179)

YES NO N/A

✓
— — —

Tanks (Less than 90 day storage)

7:26-9.3(b)

Does the generator accumulate hazardous waste on-site in an above ground tank?

✓
— — —

If yes, describe the tank(s):

- 1) Capacity _____
- 2) Shell thickness _____
- 3) Material Construction _____
- 4) Age of tank _____

7:26-9.3(b)

Does the generator have written approval from the Department to store hazardous waste(s) in this tank(s) for ninety days or less?

— ✓ —

7:26-9.3(b)1

Does each tank(s) have sufficient shell thickness to ensure the tank will not collapse or rupture as specified by the Department?

— — ✓

7:26-9.3(b)4

Is the tank(s) designed so that at least 99% of the volume of each of the tanks can be emptied by direct pumping or drainage?

— — —

7:26-9.3(b)5

Is each tank(s) rendered empty (1% or less remaining) every 90 days or less?

— — —

7:26-9.3(b)6

Are all wastes removed from the tank(s) shipped off-site to an authorized facility or placed in an on-site, authorized facility?

— — —

7:26-9.3(b)8

If part of the tank is below grade, is it constructed to allow visual inspection of the tank, comparable to a totally above-ground tank and is secondary containment provided for the below grade part?

— — —

7:26-10.5(c)1

Are materials which are incompatible with the material of construction of the tank(s) placed in the tank(s)?

— — —

7:26-10.5(c)2

Does the generator use appropriate controls and practices to prevent overfilling?

— — —

— — —

		<u>YES</u>	<u>NO</u>	<u>N/A</u>
7:26-10.5(c)211	For uncovered tanks, is there sufficient (two feet or acceptable documentation) freeboard to prevent overtopping by wave or wind action by or precipitation?	—	—	—
7:26-9.3(b)3	Does each tank(s) or storage tank area have secondary containment?	—	—	—
7:26-10.5(d)1	Is the containment system capable of collecting and holding spills, leaks, and precipitation?	—	—	—
7:26-10.5(d)11	Is the base underlying the tank(s) free from cracks, gaps, and sufficiently impervious to contain leaks, spills, and accumulated rainfall until the collected material is detected and removed?	—	—	—
7:26-10.5(d)11	Does the containment system consist of material compatible with the wastes being stored?	—	—	—
7:26-10.5(d)111	Is the containment system sloped or otherwise designed to efficiently drain and remove liquids resulting from leaks, spills and precipitation?	—	—	—
7:26-10.5(d)111	Is the tank protected from contact with accumulated liquids?	—	—	—
7:26-10.5(d)1v	Does the containment system have sufficient capacity to contain ten percent of the volume of all tanks or the volume of the largest tanks whichever is greater?	—	—	—
7:26-10.5(d)2	Is run-on into the containment area prevented?	—	—	—
	If not, explain.	—	—	—
7:26-10.5(d)3	Is precipitation removed from the pump or collection area in a timely manner to prevent blockage or overflow of the collection system?	—	—	—
7:26-10.5(d)4	Is spilled or leaked waste removed from the pump or collection area daily?	—	—	—

YES NO N/A

- 7:26-10.5(d)41 If the collected material is hazardous waste under NJAC 7:26-8, it is managed as a hazardous waste in accordance with all applicable requirements of this chapter?
- 7:26-9.4(g)4 Personnel Training
- Have facility personnel successfully completed a program of classroom instruction or on-the-job training since six months after the date of their employment or assignment to the facility or to a new position at the facility? ✓
- 7:26-9.4(g)5 Has facility personnel taken part in an annual review of initial training? ✓
- 7:26-9.4(g)2 Is the program directed by a person trained in hazardous waste management procedures and does it include instruction which teaches facility personnel hazardous waste management procedures (including contingency plan to implementation) relevant to the positions in which they are employed? ✓
- Is there written documentation of the following:
- 7:26-9.4(g)61 Job title for each position at the facility related to hazardous waste management, and the name of the employee filling each job? ✓
- 7:26-9.4(g)611 A written job description for each position related to hazardous waste management? ✓
- 7:26-9.4(g)6111 A written job description on the type and amount of both introductory and continuing training that has been and will be given to personnel in jobs related to hazardous waste management? ✓
- 7:26-9.4(g)61v Documentation of actual training or experience received by personnel? ✓
- 7:26-9.4(g)7 Are training records kept on all current employees until closure of the facility and training records kept on former employees for three years from their last date of employment? ✓

YES NO N/A

7:26-9.6

Preparedness and prevention

Does the facility comply with preparedness and prevention requirements including maintaining:

7:26-9.6(b)1

An internal communications or alarm system?

✓ — —

7:26-9.6(b)2

A telephone or other device to summon emergency assistance from local authorities?

✓ — —

7:26-9.6(b)3

Portable fire equipment, spill control equipment, and decontamination equipment?

✓ — —

7:26-9.6(b)4

Water at adequate volume and pressure to supply water hose streams, or foam producing equipment, or automatic sprinklers, or water spray system?

✓ — —

7:26-9.6(c)

Is equipment tested and maintained?

✓ — —

7:26-9.6(d)1

Is there immediate access to communications or alarm systems during systems during handling of hazardous waste?

✓ — —

7:26-9.6(e)

Adequate aisle space (18") to allow unobstructed movement of personnel fire protection equipment, spill control equipment and decontamination equipment?

✓ — —

If no, please explain.

In your opinion, do the types of waste on site require all of the above procedures, or are some not required?

— — —

Explain.

7:26-9.6(f)

Has the facility made the following arrangements, as appropriate for the type waste handled on site:

— — —

7:26-9.6(f)1

Familiarize police, fire departments and emergency response teams with the layout of the facility and hazardous waste handled - associated hazardous places where facility personnel would normally be working, entrances and roads inside facility and possible evacuation routes.

✓ — —

YES NO N/A

- 7:26-9.6(f)2 Where more than one police and fire department might respond to an emergency, is there an agreement designating primary emergency authority to a specific police or fire department, and agreements with any others to provide support to the primary emergency authority? ✓
- 7:26-9.6(f)3 Agreements with emergency response contractors, and equipment supplies? ✓
- 7:26-9.6(f)4 *New England Pollution Control*
Arrangements to familiarize local hospitals with the properties of hazardous waste handled at the facility and the types of injuries or illnesses which could result from fires, explosion, or discharges at the facility? cont. PLAN in progress
- 7:26-9.6(f)5 Arrangement with local fire departments to inspect the facility on a regular basis with at least two (2) inspections annually? ✓
- 7:26-9.6(f)6 If authorities identified in (f)1 through 5, above decline to enter into such arrangements, has the owner, or operator documented this refusal in the operating record. ✓
- 7:26-9.4(g)8 Are semi-annual drills conducted involving all employees and appropriate local authorities to test emergency response capabilities at the facility in accordance with the contingency plan and emergency procedures development pursuant to NJAC 7.26-9.7? ✓
*Emergency coordinator is a Fireman!
INTERNAL Semi-ANNUAL drills.
will do w/LOCALS.*
- 7:26-9.4(g)81 If no, did the owner or operator petition the Department for an exemption from the semi annual drills requirement? ✓
- 7:26-9.4(g)811 Did the owner or operator petition the Department for an exemption excluding some or all local officials in the semi annual drill requirements? ✓
- If yes, did the owner operator provide those specific local officials with written approval of the exemption? ✓

YES NO N/A

7:26-9.7

Contingency Plan and Emergency ProceduresIN progress

7:26-9.7(a)

Does the facility have a written contingency plan for emergency procedures designed to deal with fires, explosions, hazards to human health or environment, or any unplanned sudden or non-sudden release of hazardous waste or hazardous waste constituents into air, soil or surface water?

____ ✓ ____

7:26-9.7(b)

Are provisions of the plan carried out immediately whenever there is a fire, explosion, or release of hazardous waste or hazardous waste constituents which could threaten human health or the environment?

____ ✓ ____

7:26-9.7(c)

Does the contingency plan describes the actions facility personnel shall take in response to fires, explosions, or any unplanned sudden or non-sudden release of hazardous waste or hazardous waste constituents to air, soil, or surface water at the facility?

____ ✓ ____

7:26-9.7(d)

Did the owner or operator prepare a Spill Prevention, Control, and Countermeasures (SPCC) Plan in accordance with 40 CFR 112 or 300 or a Discharge Prevention Containment and Countermeasure (DPCC) Plan in accordance with N.J.A.C. 7:1E-4.1 et seq.

____ ✓ ____

If yes, did the owner or operator amend that plan to incorporate hazardous waste management provisions that are sufficient to comply with the requirements of this section?

____ ✓ ____

7:26-9.7(e)

Does the plan describe arrangements agreed to by local police departments, fire departments, hospitals, contractors, and State and local emergency response teams to coordinate emergency services?

____ ✓ ____

YES NO N/A

- 7:26-9.7(f) Does the plan list names, addresses, and phone numbers (office and home) of all persons qualified to act as emergency coordinator and is this list kept up to date? Where more than one person is listed, one shall be named as primary emergency coordinator and others shall be listed in the order in which they will assume responsibility as alternates? _ _ _ ✓
- 7:26-9.7(g) Does the plan include a list of all emergency equipment at the facility (such as fire extinguishing systems, spill control equipment, communications and alarm systems (internal and external) and decontamination equipment), where this equipment is required? Is the list up-to-date? In addition, does the plan include the location and physical description of each item on the list, and a brief outline of its capabilities? _ _ _ ✓
- 7:26-9.7(h) Does the plan include an evacuation procedure for facility personnel where there is a possibility that evacuation could be necessary? Does this plan describe signal(s) to be used to begin evacuation, evacuation routes, and alternative evacuation routes (in case where the primary routed could be blocked by releases of hazardous waste or fires)? _ _ _ ✓
- 7:26-9.7(i) Is a copy of the contingency plan and all revisions to the plan:
1. Maintained at the facility; _ _ _ ✓
 2. Has the contingency plan been submitted to local authorities (police fire departments, emergency response teams)? _ _ _ ✓
- 7:26-9.7(k) Is there an employee on site or on call at all times with the responsibility of coordinating, all emergency response measures? _ _ _ ✓

Confidential - Recommendations

TO:

FROM:

DATE:

SUBJECT:

APPENDIX A

SOLVENT IDENTIFICATION CHECKLIST

1. Does the handler generate any of the following F001 constituents (i.e., spent halogenated solvents used in degreasing) as a result of being used in the process either in pure form or commercial grade?

tetrachloroethylene	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
trichloroethylene	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
methylene chloride	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
1,1,1-trichloroethane	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
carbon tetrachloride	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
chlorinated fluorocarbons	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

2. Does the handler generate any of the following F002 constituents (i.e., spent halogenated solvents) as a result of being used in the process either in pure form or commercial grade?

tetrachloroethylene	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
trichloroethylene	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
methylene chloride	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
1,1,1-trichloroethane	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
chlorobenzene	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
trichlorofluoromethane	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
1,1,2-trichloro-1,2,2-trifluoroethane	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
ortho-dichlorobenzene	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

3. Does the handler generate any of the following F003 constituents (i.e., spent nonhalogenated solvents) as a result of being used in the process either in pure form or commercial grade?

xylene	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
acetone	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
ethyl acetate	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
ethyl benzene	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
ethyl ether	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
methyl isobutyl ketone	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
n-butyl alcohol	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
cyclohexanone	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
methanol	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

If the F003 waste stream has been mixed with a solid waste, does the resultant mixture exhibit the ignitability characteristic?

☐ Yes ☒ No

4. Does the handler generate any of the following F004 constituents (i.e., spent nonhalogenated solvents) as a result of being used in the process either in pure form or commercial grade?

cresols and cresylic acid
nitrobenzene

☐ Yes ☒ No
☐ Yes ☒ No

5. Does the handler generate any of the following F005 constituents (i.e., spent nonhalogenated solvents) as a result of being used in the process either in pure form or commercial grade?

toluene
methyl ethyl ketone
carbon disulfide
isobutanol
pyridine

☐ Yes ☒ No
☐ Yes ☒ No
☐ Yes ☒ No
☐ Yes ☒ No
☐ Yes ☒ No

6. Are any of the constituents listed in questions 1 through 5 used for their "solvent" properties -- that is to solubilize (dissolve) or mobilize other constituents? The following questions will be helpful in confirming this determination.

- (a) Are the constituents used as chemical carriers?

☒ Yes ☒ No

If yes, list the constituents.

~~None~~ None

- (b) Are the constituents used for degreasing/cleaning?

☒ Yes ☐ No

If yes, list the constituents.

OILS - WATER, FREON, ILI TCE

- (c) Are the constituents used as diluents?

☐ Yes ☒ No

~~None~~ If yes, list the constituents.

- (d) Are the constituents used as extractants?

☐ Yes ☒ No

If yes, list the constituents.

(c) Are the constituents used for fabric scouring?

☐ Yes ☒ No

If yes, list the constituents.

(f) Are the constituents used as reaction and synthesis media?

☐ Yes ☒ No

If yes, list the constituents.

If the responses to questions 1 through 6 led the inspector to believe that the waste may be an F-solvent, answer question 7.

7. Are any of the above constituents spent solvents? (A solvent is considered "spent" when it has been used and is no longer usable without being regenerated, reclaimed, or otherwise reprocessed.)

☐ Yes ☐ No

8. If the waste is a mixture of constituents as determined in questions 1 through 6, give the concentration before use of all the constituents in the solvent mixture/blend. For example:

5%	methylene chloride
2%	trichloroethylene
25%	1,1,1-trichloroethane
<u>68%</u>	mineral spirits
100%	

If the waste stream is a mixture containing a total of 10% or more (by volume) of one or more of the F001, F002, F004, or F005 listed constituents before use, it is a listed waste.

With respect to the F003 solvent wastes, if, before use, the waste stream is mixed and contains only F003 constituents, it is a listed waste. For example:

33%	acetone
16%	methanol
<u>51%</u>	ethyl ether
100%	

If the waste stream is a mixture containing F003 constituents and a total of 10% or more of one or more of the F001, F002, F004, and F005 listed constituents before use, it is a listed waste. For example:

50%	xylene (F003)
12%	TCE (F001)
<u>38%</u>	mineral spirits
100%	

If in light of the above, the handler appears to be generating F001 - F005 hazardous wastes, refer this facility to the enforcement official for followup actions verifying the use of solvents at the facility.

APPENDIX B
TREATMENT STANDARDS FOR F-SOLVENTS

F001-F005 SPENT SOLVENTS	CONCENTRATION (IN MG/L)	
	WASTEWATERS	OTHER WASTES
Acetone	0.05	0.59
N-butyl	5.0	5.0
Carbon disulfide	1.05	4.81
Carbon tetrachloride	.05	.96
Chlorobenzene	.15	.05
Cresols (and cresylic acid)	2.82	.75
Cyclohexanone	.125	.75
1,2-dichlorobenzene	.65	.125
Ethyl acetate	.05	.75
Ethyl benzene	.05	.053
Ethyl ether	.05	.75
Isobutanol	5.0	5.0
Methanol	.25	.75
Methylene chloride	.20	.96
Methylene chloride (from the pharmaceutical industry)	12.7	.96
Methyl ethyl ketone	0.05	.075
Methyl isobutyl ketone	0.05	.33
Nitrobenzene	0.66	0.125
Pyridine	1.12	0.33
Tetrachloroethylene	0.079	0.05
Toluene	1.12	0.33
1,1,1-Trichloroethane	1.05	0.41
1,2,2-Trichlor 1,2,2-trifluoroethane	1.05	0.96
Trichloroethylene	0.062	0.091
Trichlorofluoromethane	0.05	0.96
Xylene	0.05	0.15

Inspector: _____
Address: _____
Telephone No: _____

RCRA LAND DISPOSAL RESTRICTION
GENERATOR CHECKLIST

I. HANDLER IDENTIFICATION

A. Handler Name Howmedica 359 Veterans Blvd B. Street (or other identifier) _____
C. City Rutherford D. State NS E. Zip Code 07070 F. County/Name Bergen
G. Nature of Business; Identification of Operations: SIC Code(s) manufactures orthopedic devices
H. EPA ID # NSD052077682
I. Handler Contact (Name and Phone Number) John Zajac

II. GENERATOR COMPLIANCE

Comments

A. Waste Identification

1. F-Solvents

a. Does the handler generate the following wastes?

(1) P001, P002, P004, or P005 Yes No
(11) P003 Yes No

If an F003 wastestream (listed solely for ignitability) has been mixed with a non-restricted solid or hazardous waste, does the resultant mixture exhibit the ignitability characteristic?

Yes No

b. Source of the above: Form 8700-12 ; Part A ; Part B ; Biennial/Annual Reports
other (specify) manifests; RCRA inspection

Appendix A is intended to assist the inspector and enforcement official in determining whether the facility is generating F-solvent wastes, if such wastes were not identified by the facility previously. If you are concerned that F-solvent wastes may be misclassified or mislabeled, turn to Appendix A-1. To assist in identifying potentially

Handler Name: _____
ID Number: _____
Inspector: _____
Date: _____

Comments

misclassified F-solvents, Appendix A-2 presents a list of corresponding P and U wastes. Note concerns below:

2. Dioxin wastes

- a. Does the handler report the generation of the following wastes? (The following industries may generate listed dioxin wastes: organic chemicals, pesticide or formulator.)

(i) F020 - F023, F026 - F027 Yes ☒ No ☒
(ii) F028 Yes ☒ No ☒
[F-solvent BD&T standards are presented as Appendix B]

3. California Waste Identification

- a. Does the facility handle any of the following wastes?

(i) D002 Yes ☒ No ☒
(ii) D004 - D011 Yes ☒ No ☒

- b. Does the generator handle any hazardous wastes characterized by high concentrations of halogenated organic constituents (HOCs), metals, or cyanides?

[California waste standards are presented as Appendix C] Yes ☒ No ☒

- c. Is the generator handling any of the F, K, P, or U wastes subject to the "soft hammer" that may qualify as California wastes due to HOC, metals, or cyanide content? See Appendix D for a listing of California constituents likely to be found by waste code.

Yes ☒ No ☒

- d. Has the generator conducted the paint filter test (Method 9095) [§268.32(i)]?

Yes ☒ No* ☒

- e. Has the generator conducted any testing of these hazardous wastes to determine whether the concentrations qualify the hazardous wastes as California wastes?

Yes ☒ No ☒

If no, has the generator retained records documenting his "applied knowledge" that the hazardous waste is not a California waste?

Yes ☒ No ☒

:/ A potential violation is indicated

Handler Name: _____
ID Number: _____
Inspector: _____
Date: _____

Comments

If "no" is answered to both parts of this question, a violation is indicated. [§268.7(a)]

Describe the nature of the records:

- f. Source of the above: Form 8700-12 _____; Part A _____; Part B _____; Biennial/Annual Report _____; other (specify) ✓ waste analysis

4. First Third Waste Identification

- a. Does the generator handle any of the wastes listed as First Third Wastes in §268.10? See Appendix E for listing. List First Third Wastes handled by the generator here:

- b. Does the generator handle any soft-hammer wastes (Appendices D-1, D-2, and F)? If so, list those wastes:

- c. Are any of the soft-hammered wastes California wastes (see Appendix G)? Yes ☒ No

If yes, the wastes must meet BDAT standards prior to disposal.

- d. Has the Regional Administrator received demonstrations/certifications for all soft hammered wastes to be land disposed [§268.8(a)(2)]? Yes ☐ No*

- e. Source of the above: Form 8700-12 _____; Part A _____; Part B _____; Biennial/Annual Report _____; other (specify) _____.

B. BDAT Treatability Group - Treatment Standards Identification

1. Does the generator mix restricted wastes with different treatment standards for constituents of concern? Yes ☐ No
2. If yes, did the generator select the most stringent treatment standard for the constituent of concern [§268.41(b)]? Yes ☐ No*

∴ A potential violation is indicated

Handler Name: _____
ID Number: _____
Inspector: _____
Date: _____

Comments

3. P Solvents - -

- a. Did the generator correctly determine the appropriate treatability group [§268.41] of the waste (e.g., wastewaters containing solvents, nonwastewater (i.e., < 1% TOC), pharmaceutical wastewaters containing spent methylene chloride, all other spent solvent wastes)?

☒ Yes ☐ No*

4. California Wastes

- a. Did the generator correctly determine the distinction between liquid hazardous wastes and non-liquid hazardous wastes that contain HOCs in concentrations greater than 1,000 mg/kg [§268.32(h)]?

☒ Yes ☐ No*

5. First Third Wastes

- a. Did the generator ascertain whether restricted wastes were appropriately assigned wastewater or nonwastewater designations (nonwastewaters are > 1% TOC and > 1% suspended solids) [§268.7(a)]?

☐ Yes ☐ No*

- b. Does the facility handle K061 wastes?

☐ Yes ☒ No

If yes, were nonwastewaters appropriately classified in either the high or low zinc subcategories ($\geq 15\%$ Zn) [§268.7(a)] [§268.41(a)]?

☐ Yes ☐ No*

- c. Does the facility handle K101 or K102 wastes?

☐ Yes ☒ No

If yes, were nonwastewaters appropriately classified in either the high or low arsenic subcategories [§268.7(a)] [§268.41(a)]?

☐ Yes ☐ No*

- d. Is there any reason to believe that the generator may have diluted the waste to change the applicable treatment standard (based on review of process operation, pipe routing, point of sampling)?

☐ Yes ☒ No

2/ A potential violation is indicated

Handler Name: _____
ID Number: _____
Inspector: _____
Date: _____

Comments

C. Waste Analysis - -

1. Did the generator determine whether the waste exceeds treatment standards based on §268.7(a):

a. Knowledge of wastes

☒ Yes ☐ No

(i) List wastes for which "applied knowledge" was used:

oil, as well as waste profile sheets.

b. TCLP

☐ Yes ☐ No

(i) List wastes for which "TCLP" was used:

N/A

(ii) Appendix D lists wastes for which treatment standards are expressed as concentrations in waste extract. Were any wastes handled by the generator subject to waste extract standards not tested using the TCLP?

☐ Yes ☐ No

If yes, list: _____

c. Total waste analysis

☒ Yes ☐ No

d. If files were retained, describe content and basis of applied knowledge determination:

N/A

If determined by TCLP or total constituent analysis, provide date of last test, frequency of testing, and attach test results.

Dates/frequency: _____

Note which wastes were subjected to which tests:

Note any problems (e.g., inadequate analysis, variation of waste composition/generation for applied knowledge) _____

2/ A potential violation is indicated

Handler Name: _____
ID Number: _____
Inspector: _____
Date: _____

Comments

- e. Were wastes tested using TCLP or total constituent analysis when a process or wastestream changed [§264.13(a)(3)(i) or §265.13(a)(3)(i)]? N/A
_____ Yes _____ No*

2. Did the restricted wastes exceed applicable treatability group treatment standards upon generation [§268.7(a)(1)]?

List those that exceeded standards: _____

List those that did not exceed standards: _____

3. Did the generator dilute the waste or the treatment residual so as to substitute for adequate treatment [§268.3]
_____ Yes* _____ No

D. Management

1. Onsite management

- a. Were restricted wastes managed onsite?
_____ Yes _____ No ✓

If no, go to "2".

- b. For wastes that exceed treatment standards, was treatment in regulated units, storage for greater than 90 days, and/or disposal conducted?
_____ Yes _____ No ✓

If yes, TSDf checklist must be completed.

2. Offsite Management

- a. If restricted wastes exceed treatment standards, did generator provide treatment facility notification with each shipment? [268.7(a)(1)]:

(i) EPA Hazardous Waste Number? _____ Yes _____ No* ✓

(ii) Corresponding treatment standard? _____ Yes _____ No* ✓

(iii) Manifest number? _____ Yes _____ No* ✓

(iv) Waste analysis, if available? _____ Yes _____ No ✓

2/ A potential violation is indicated

Handler Name: _____
ID Number: _____
Inspector: _____
Date: _____

Comments

Identify offsite treatment facilities

~~Chem Waste Mgmt & Services~~ *Radiac useach corp.*

b. If restricted wastes do not exceed treatment standards, did generator provide the disposal facility with a notice and certification including:

- (i) EPA hazardous waste I.D. number? ☒ Yes ☐ No*
- (ii) Corresponding treatment standard? ☒ Yes ☐ No*
- (iii) Manifest number ☒ Yes ☐ No*
- (iii) Certification regarding waste and that it meets treatment standards? ☒ Yes ☐ No*

*N/A
nothing land-filled*

Identify land disposal facilities receiving the BDAT certified wastes

c. If the generator's waste is subject to a §268.5 case by case exemption, a §268.6 "no migration" exemption, or a nationwide variance (see Appendix E for restricted wastes subject to nationwide variances), does the generator's records indicate that he or she submits with each waste shipment [§268.7(a)(3)]:

- (i) EPA Hazardous Waste Number? ☐ Yes ☐ No*
- (ii) Corresponding Treatment Standards? ☐ Yes ☐ No*
- (iii) All applicable prohibitions? ☐ Yes ☐ No*
- (iv) The manifest number? ☐ Yes ☐ No*
- (v) The date the wastes are subject to prohibitions? ☐ Yes ☐ No*
- (vi) Does generator keep records of all notifications/certifications sent to offsite facilities? ☐ Yes ☐ No*

2/ A potential violation is indicated

Handler Name: _____
ID Number: _____
Inspector: _____
Date: _____

Comments

List all prohibited wastes for which records are not provided per above [§268.7(a)(b)]:

Identify TSDFs receiving any prohibited wastes subject to any exemptions and variances:

- d. If handler generates a "soft hammer" waste, does the generator send with each "soft hammer" waste shipment to a TSDF and retain copies of, a notice that includes [268.7(a)(4)]:

The EPA Hazardous Waste Number? ☐ Yes ☐ No*

Applicable prohibitions? ☐ Yes ☐ No*

The manifest number? ☐ Yes ☐ No*

Waste analysis data, where available? ☐ Yes ☐ No

- (i) Do the generator's records indicate that any soft-hammer wastes are destined for disposal in a landfill or surface impoundment [§268.33(f)]? ☐ Yes ☐ No

If yes, list facility of destination and waste of concern [§268.8(a)(2)]

- (ii) Has the generator submitted demonstrations and certifications for each "soft-hammered" waste destined to be disposed in landfill or surface impoundment to the Regional Administrator prior to the shipment of waste to the TSDF [§268.7(a)(2)]? ☐ Yes ☐ No*

- (iii) Has the generator retained a copy of the demonstration on site [§268.8(a)(3)-(a)(4)]? ☐ Yes ☐ No*

- (iv) Has the generator retained copies of all §268.8 certifications sent to the TSDF [§268.7(a)(6)]? ☒ Yes ☐ No*

1. A potential violation is indicated

Handler Name: _____
ID Number: _____
Inspector: _____
Date: _____

Comments

(v) Did the generator submit the demonstration to the receiving facility upon the initial shipment of the waste [§268.8(a)(3)-(a)(4)]? N/A
_____ Yes _____ No*

(vi) If the Regional Administrator has invalidated the certification, has the generator ceased shipment of the waste and do records indicate that the generator has informed all receiving facilities of the invalidation [§268.8(b)(3)]? N/A
_____ Yes _____ No*

E. Storage of Prohibited Waste

1. Were prohibited wastes stored for greater than 90 days? ✓
_____ Yes _____ No

If yes, was facility operating as a TSD under interim status or final permit [§262.34(b)]? N/A
_____ Yes _____ No*

If yes, TSDF Checklist must be completed.

F. Treatment Using RCRA 264/265 Exempt Units or Processes (i.e., boilers, furnaces, distillation units, waste-water treatment tanks, etc.)

1. Were treatment residuals generated from RCRA 264/265 exempt units or processes? _____ Yes _____ No

If yes, list type of treatment unit and processes

If yes, TSDF checklist must be completed.

2/ A potential violation is indicated



STATE OF NEW YORK
DEPARTMENT OF ENVIRONMENTAL CONSERVATION
DIVISION OF SOLID AND HAZARDOUS WASTE

HAZARDOUS WASTE MANIFEST

P.O. Box 12820, Albany, New York 12212

Form Approved. OMB No. 2050-0039. Expires 9-30-88

Please print or type.

No L.B.

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA No.	Manifest Document No.	2. Page 1 of 1	Information in the shaded areas is not required by Federal Law.
3. Generator's Name and Mailing Address Howmedica 359 VETERANS BLVD. RUTHERFORD, N.J. 07070		4. Generator's Phone (201) 507-7300		A. State Manifest Document No. NY A751697 1	
5. Transporter 1 (Company Name) CHEMICAL WASTE MANAGEMENT INC		6. US EPA ID Number 1 ID 0 99 2 02 6881		B. Generator's ID NYD032077662	
7. Transporter 2 (Company Name)		8. US EPA ID Number		C. State Transporter's ID 810331 720	
9. Designated Facility Name and Site Address CHEMICAL WASTE MANAGEMENT (SCA CHEMICAL SERVICES) P.O. BOX 200 1550 BALMER ROAD MODEL CITY, NY 14107		10. US EPA ID Number NY D0 4 98 36 6 79		D. Transporter's Phone (201) 465-2121	
				E. State Transporter's ID	
				F. Transporter's Phone ()	
				G. State Facility's ID NYD049836679	
				H. Facility's Phone (716) 754-8231	
11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)		12. Containers		13. Total Quantity	14. Unit
a. WASTE ACETIC ACID SOLUTION NA-2790 RQ 10 CORROSIVE MATERIAL (EPA 9 D002-D011)		No. Type			Wt/Vol
b. WASTE NITRIC ACID 40% NITRIC NA-1760 RQ 10 CORROSIVE MATERIAL (EPA 9 D002-D006-D007)		X 1/1 D F X 220 G			D002
c. HAZARDOUS WASTE LIQUID H.O.S. RQ10000 NA- 9169 ORM-H (EPA 9 P002)		X 1/1 D F X 220 G			D002
d.		X 1/3 D H X 165 G			P002
J. Additional Descriptions for Materials listed Above		K. Handling Codes for Wastes Listed Above			
a. L-C-H ACETIC ACID AND		a. L-T 1,1,1-TRICHLOROETHANE			
b. WATER		b. FREON 113, OIL, WATER, GRIT			
c. L-C-H NITRIC ACID AND		c. WATER			
d.		d.			
15. Special Handling Instructions and Additional Information A) PROFILE # G62874 FOR TREATMENT C) PROFILE # J13533 FOR INCINERATION OR B) PROFILE # XXXXXX G62872 FOR TREATMENT FUEL					
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR if I am a small generator, I have made a good faith effort to minimize my waste and select the best waste management method that is available to me and that I can afford.					
Printed/Typed Name Douglas J. Kujawa		Signature <i>[Signature]</i>		Mo. Day Year 0 5 30 89	
17. Transporter 1 (Acknowledgement of Receipt of Materials)					
Printed/Typed Name <i>[Signature]</i>		Signature <i>[Signature]</i>		Mo. Day Year	
18. Transporter 2 (Acknowledgement or Receipt of Materials)					
Printed/Typed Name		Signature		Mo. Day Year	
19. Discrepancy Indication Space					
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.					
Printed/Typed Name		Signature		Mo. Day Year	

NYA 751697 1



STATE OF NEW YORK
DEPARTMENT OF ENVIRONMENTAL CONSERVATION
DIVISION OF SOLID AND HAZARDOUS WASTE

HAZARDOUS WASTE MANIFEST

P.O. Box 12820, Albany, New York 12212

Form Approved. OMB No. 2050-0039. Expires 9-30-88

Please print or type.

In case of emergency or spill immediately call the National Response Center at (800) 424-8802 and the N.Y. Department of Transportation (518) 457-7362.

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA No.	Manifest Document No.	2. Page 1 of	Information in the shaded areas is not required by Federal Law.
3. Generator's Name and Mailing Address		4. Generator's Phone ()		A. State Manifest Document No. NY A 567689 4	
5. Transporter 1 (Company Name) FREEHOLD CARTAGE		6. US EPA ID Number NJH054126169		B. Generator's ID 2266	
7. Transporter 2 (Company Name)		8. US EPA ID Number		C. State Transporter's ID	
9. Designated Facility Name and Site Address RADIAL RESEARCH CORP 261 KENT AVE BROOKLYN NY 11211		10. US EPA ID Number NYD049178296		D. Transporter's Phone () 201 462 1001	
				E. State Transporter's ID	
				F. Transporter's Phone ()	
				G. State Facility's ID	
				H. Facility's Phone () 718 963 2233	
11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)		12. Containers	13. Total Quantity	14. Unit	15. Waste No.
a. WASTE FLAMMABLE LIQUID FLAMMABLE LIQUID UN1993 (D001)		No. Type	Quantity	Wt/Vol	Waste No.
b. WASTE ACID LIQUID CORROSIVE MATERIAL UN1762 (D002)					D001
c. WASTE AMMONIUM NITRATE EXPLOSIVE MATERIAL UN1969 (D002)					D002
d. WASTE CARBON DIOXIDE GAS UN1010 (D002)					D002
e. WASTE CARBON DIOXIDE GAS UN1010 (D002)					D002
f. WASTE CARBON DIOXIDE GAS UN1010 (D002)					D002
g. WASTE CARBON DIOXIDE GAS UN1010 (D002)					D002
h. WASTE CARBON DIOXIDE GAS UN1010 (D002)					D002
i. WASTE CARBON DIOXIDE GAS UN1010 (D002)					D002
j. WASTE CARBON DIOXIDE GAS UN1010 (D002)					D002
k. WASTE CARBON DIOXIDE GAS UN1010 (D002)					D002
l. WASTE CARBON DIOXIDE GAS UN1010 (D002)					D002
m. WASTE CARBON DIOXIDE GAS UN1010 (D002)					D002
n. WASTE CARBON DIOXIDE GAS UN1010 (D002)					D002
o. WASTE CARBON DIOXIDE GAS UN1010 (D002)					D002
p. WASTE CARBON DIOXIDE GAS UN1010 (D002)					D002
q. WASTE CARBON DIOXIDE GAS UN1010 (D002)					D002
r. WASTE CARBON DIOXIDE GAS UN1010 (D002)					D002
s. WASTE CARBON DIOXIDE GAS UN1010 (D002)					D002
t. WASTE CARBON DIOXIDE GAS UN1010 (D002)					D002
u. WASTE CARBON DIOXIDE GAS UN1010 (D002)					D002
v. WASTE CARBON DIOXIDE GAS UN1010 (D002)					D002
w. WASTE CARBON DIOXIDE GAS UN1010 (D002)					D002
x. WASTE CARBON DIOXIDE GAS UN1010 (D002)					D002
y. WASTE CARBON DIOXIDE GAS UN1010 (D002)					D002
z. WASTE CARBON DIOXIDE GAS UN1010 (D002)					D002
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations and state laws and regulations.		K. Handling Codes for Wastes Listed Above			
17. Transporter 1 (Acknowledgement of Receipt of Materials)		18. Transporter 2 (Acknowledgement or Receipt of Materials)			
19. Discrepancy Indication Space		20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.			
Printed/Typed Name		Signature			
Signature		Mo. Day Year			
Printed/Typed Name		Signature			
Signature		Mo. Day Year			
Printed/Typed Name		Signature			
Signature		Mo. Day Year			
Printed/Typed Name		Signature			
Signature		Mo. Day Year			



State of New Jersey
Department of Environmental Protection
Division of Waste Management
CN 028, Trenton, NJ 08625

NO LDR

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

Form Approved. OMB No. 2050-0039. Expires 9-30-88

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No NJ 0053077692	Manifest Document No 40747	2. Page 1 of 1	Information in the shaded areas is not required by Federal law *
3. Generator's Name and Mailing Address HOWMEDICA INCORPORATED 995 VETERANS BLVD. RUTHERFORD, NEW JERSEY 07070				A. State Manifest Document Number NJA0260595	
4. Generator's Phone (201) 935-2100 ext 502				B. State Gen. ID SAME	
5. Transporter 1 Company Name ATLAS ASSOCIATES		6. US EPA ID Number NJ 0001125341		C. State Transporter 1 ID NJDEPS 8477/6628	
7. Transporter 2 Company Name		8. US EPA ID Number		D. Transporter's Phone (201) 684-0024	
9. Designated Facility Name and Site Address MARISOL INC. 125 FACTORY LANE MIDDLESEX, NEW JERSEY 08846		10. US EPA ID Number NJ 0009245454		E. State Transporter 2 ID	
				F. Transporter's Phone	
				G. State Facility's ID	
				H. Facility's Phone (201) 469-5100	
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)				12. Containers No. Type	13. Total Quantity
a. WASTE 1,1,1 TRICHLOROETHANE ORM-A UN2831				007 DM	00385
b.					
c.					
d.					
J. Additional Descriptions for Materials Listed Above 1,1,1 TRICHLOROETHANE				K. Handling codes for Wastes Listed Above T04 recovery	
a. WATER, OIL, GRIT (FOR RECOVERY)				b.	
b.				d.	
15. Special Handling Instructions and Additional Information A) TECH 133 1,1,1,TRICHLOROETHANE FOR RECOVERY				LICENSE NUMBER TPD255 NJ decal 20430	
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations, and all applicable state laws and regulations. Unless I am a small quantity generator who has been exempted by statute or regulation from the duty to make a waste minimization certification under Section 3002(b) of RCRA, I also certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and I have selected the method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment.					
Printed/Typed Name JOHN F. ZAJA		Signature <i>[Signature]</i>		Date Month Day Year 10/4/98	
17. Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name ROGER DUNLAP		Signature <i>[Signature]</i>		Date Month Day Year 10/4/98	
18. Transporter 2 Acknowledgement of Receipt of Materials Printed/Typed Name		Signature		Date Month Day Year	
19. Discrepancy Indication Space					
20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in item 19					
Printed/Typed Name Gregory A Pilato		Signature <i>[Signature]</i>		Date Month Day Year 10/4/98	

NJA 0260595

STATE OF NEW YORK
DEPARTMENT OF ENVIRONMENTAL CONSERVATION
DIVISION OF SOLID AND HAZARDOUS WASTE

HAZARDOUS WASTE MANIFEST

P.O. Box 12820, Albany, New York 12212

Form Approved. OMB No. 2050-0039. Expires 9-30-88

Please print or type.

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA No. NY D 05 2 0 77 6882 69 7 1		Manifest Document No. 69 7 1		2. Page 1 of 1		Information in the shaded areas is not required by Federal Law.					
3. Generator's Name and Mailing Address Howmedica 359 VETERANS BLVD. RUTHERFORD, N.J. 07070						A. State Manifest Document No. NY A 751697 1							
4. Generator's Phone (201 507-7300)						B. Generator's ID NJD052077682							
5. Transporter 1 (Company Name) CHEMICAL WASTE MANAGEMENT INC						C. State Transporter's ID S10331 7204A							
6. US EPA ID Number 1 ID 0 99 2 02 6881						D. Transporter's Phone (201 465-2121)							
7. Transporter 2 (Company Name)						E. State Transporter's ID							
8. US EPA ID Number						F. Transporter's Phone ()							
9. Designated Facility Name and Site Address CHEMICAL WASTE MANAGEMENT (SCA CHEMICAL SERVICES) P.O. BOX 200 1550 BALMER ROAD MODEL CITY, NY 14107						G. State Facility's ID NYD049836679							
10. US EPA ID Number NY D0 4 98 36 6 79						H. Facility's Phone (716 754-8231)							
11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number) a. WASTE ACETIC ACID SOLUTION NA-2790 RQ 18 CORROSIVE MATERIAL (EPA # D002-D011) b. WASTE NITRIC ACID 40% NITRIC NA-1760 RQ 18 CORROSIVE MATERIAL (EPA# D002-D086-D007) c. HAZARDOUS WASTE LIQUID N.O.S. RQ1000# NA - 9189 ORM-B (EPA# F002) d.						12. Containers		13. Total Quantity		14. Unit		15. Waste No.	
						No. Type				Wt/Vol			
						X 4 D F XX220 G						D002	
						X 4 D F X X220 G						D002	
						X 3 D M XX165 G						F002	
J. Additional Descriptions for Materials listed Above a. L-C-E ACETIC ACID AND WATER b. L-C-E NITRIC ACID AND WATER						K. Handling Codes for Wastes Listed Above a. <input checked="" type="checkbox"/> b. <input type="checkbox"/> c. <input type="checkbox"/> d. <input type="checkbox"/>							
15. Special Handling Instructions and Additional Information A) PROFILE # G62874 FOR TREATMENT C) PROFILE # J13530 FOR INCINERATION OR FUEL B) PROFILE # HENKEL G62872 FOR TREATMENT WOT 127576													
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations and state laws and regulations. If I am a large quantity generator, I certify that I have program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR if I am a small generator, I have made a good faith effort to minimize my waste and select the best waste management method that is available to me and that I can afford.													
Printed/Typed Name Douglas J. Kujawa				Signature <i>Douglas J. Kujawa</i>		Mo. Day Year 0 5 30 89							
17. Transporter 1 (Acknowledgement of Receipt of Materials) Printed/Typed Name <i>David K. Kujawa</i>				Signature <i>David K. Kujawa</i>		Mo. Day Year 0 5 30 89							
18. Transporter 2 (Acknowledgement of Receipt of Materials) Printed/Typed Name ANTHONY PACISI				Signature <i>Anthony Pacisi</i>		Mo. Day Year 0 5 30 89							
19. Discrepancy Indication Space Item B - Same				Item C - NT T2041L									
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19. Printed/Typed Name LYNN PIECHOWSKI													
Signature <i>Lynn Piechowski</i>				Mo. Day Year 0 6 06 89									

NYA 751697 1



State of New Jersey

**DEPARTMENT OF ENVIRONMENTAL PROTECTION
DIVISION OF HAZARDOUS WASTE MANAGEMENT**

Metro Regional Office
2 Babcock Place, West Orange, N.J. 07052
(201) 669-3960

John J. Trela, Ph.D., Director

April 12, 1990

CERTIFIED MAIL
RETURN RECEIPT REQUESTED
P 088 604 671

Mr. John Zajac
Howmedica
359 Veterans Blvd.
Rutherford, N.J. 07070

Dear Mr. Zajac:

The attached Notice of Violations (NOVs) are being sent to you for the violation of New Jersey Hazardous Waste Regulation:

N.J.A.C. 7:26-9.4(d)5

N.J.A.C. 7:26-9.3(a)3

N.J.A.C. 7:26-9.3(b)

N.J.A.C. 7:26-9.6(f)4

N.J.A.C. 7:26-9.7 et seq

Please submit in writing the corrective measures that will be taken to attain compliance.

Should questions arise concerning this matter, feel free to contact me at (201) 669-3960.

Sincerely,

Jodie M. Stein
MFO - Hazardous Waste Management

JMS:pg

New Jersey Department of Environmental Protection
Division of Hazardous Waste Management
2 Babcock Place
West Orange, N.J. 07052
(201) 669-3960



NOTICE OF VIOLATION

ID NO. NJD052077682

DATE 4-10-90

NAME OF FACILITY Aowmedica

LOCATION OF FACILITY 359 Veterans Blvd, Rutherford NJ 07070

NAME OF OPERATOR John Zajac

You are hereby NOTIFIED that during my inspection of your facility on the above date, the following violation(s) of the Solid Waste Management Act, (N.J.S.A. 13:1E-1 et seq.) and Regulations (N.J.A.C. 7:26-1 et seq.) promulgated thereunder and/or the Spill Compensation and Control Act, (N.J.S.A. 58:10-23.11 et seq.) and Regulations (N.J.A.C. 7:1E-1 et seq.) promulgated thereunder were observed. These violation(s) have been recorded as part of the permanent enforcement history of your facility.

DESCRIPTION OF VIOLATION NJAC 7:26-9.4(d)5: No daily inspections of container storage area. NJAC 7:26-9.3(a)3: No accumulation start date on containers. NJAC 7:26-9.3(b): No written approval from the Dept. to store haz. waste in aboveground tanks for 90 days or less. NJAC 7:26-9.6(d)4: Failure to familiarize local hospitals of haz. waste handled. NJAC 7:26-9.7(d)4: No contingency plan

Remedial action to correct these violations must be initiated immediately and be completed by

3-13-90. Within fifteen (15) days of receipt of this Notice of Violation, you shall submit in writing, to the investigator issuing this notice at the above address, the corrective measures you have taken to attain compliance. The issuance of this document serves as notice to you that a violation has occurred and does not preclude the State of New Jersey, or any of its agencies from initiating further administrative or legal action, or from assessing penalties, with respect to this or other violations. Violations of these regulations are punishable by penalties of \$50,000 per violation.

Jodie M. Stein 4-11-90
Investigator, Division of Hazardous Waste Management
Department of Environmental Protection

NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION
DIVISION OF HAZARDOUS WASTE MANAGEMENT
HAZARDOUS WASTE INSPECTION REPORT

NO NOTIF

DWM-329

GENERATOR INSPECTION REPORT

FACILITY INFORMATION

FACILITY NAME: Howmedica
FILE NUMBER: _____
VHT FACILITY FILE NUMBER: _____
PERMIT #: _____
REGION: MFD
INSPECTION DATE: 4-10-90
INCIDENT/CASE NUMBER: _____
INSPECTION TYPE: Generator
RESPONSIBLE AGENCY CODE: State
INSPECTOR'S NAME: Jodie Stein
INSPECTOR'S AGENCY: NSDEP
INSPECTOR'S BUREAU: DHWM
EPA ID NUMBER: NS0052077682
ADDRESS: 359 Veterans Blvd
Rutherford NJ 07070
LOT: 73B69D, 68F BLOCK: 219
68E, 67G
COUNTY: Bergen
FACILITY PERSONNEL: John Zajac
Doug Kuicwa
TELEPHONE #: 507-7300
OTHER STATE/EPA PERSONNEL: _____
REPORT PREPARED BY: Jodie Stein
REVIEWED BY: Asterling
DATE OF REVIEW: 4-25-90

201-507-7502

APR 16 1990

TIME IN: _____

TIME OUT: _____

PHOTOS TAKEN ☐ YES ☐ NO

IF YES, HOW MANY? _____

SAMPLE TAKEN ☐ YES ☐ NO

NO. OF SAMPLES _____

NJDEP SAMPLE ID#: _____

MANIFESTS REVIEWED ☒ YES ☐ NO

Number of manifests in compliance

43

Number of manifests not in compliance

0

List manifest document numbers of those manifests not in compliance.

-A1-

SUMMARY OF FINDINGSFACILITY DESCRIPTION AND OPERATIONS:

On 4-10-90 I conducted a RCRA inspection at Howmedica, in Rutherford, a division of Pfizer Hospital Products Inc.

The facility personnel spoken to was John Zafic, safety manager & Doug Kyzoua, environmental specialist.

Howmedica presently has 3 shifts: 7:15-4:45; 4:45-1:15; 1:30-7:00, and employs 1200 people.

Howmedica is a company that manufactures orthopaedic reconstruction & trauma products, such as hip & knee joint replacements, rods & plate implants for bones, etc. These hip & knee joints are made metal (cobalt, chrome alloy, titanium) and stainless steel to prevent rusting. Specific tools for the surgeon to use are also manufactured here. These orthopaedic devices are made with general specs as well as specific specs.

The general process is as follows:

-A2-

SUMMARY OF FINDINGSFACILITY DESCRIPTION AND OPERATIONS (continued):

They begin with a brass master pattern & make a wax mold from this. Then a metal comes in, in isotope form (round - $2\frac{1}{2}$ " diam - 3' long). It is cut down to size needed to melt. The metal gets heated up in an electric (inductotherm) pot and poured into wax mold. This then gets mounted onto a spreader (a device that holds these parts so you can do several devices at one time). From here, the spreader containing the wax molds with metal inside, get mounted on a small inverted pottery baking bowl, and then go into the Aluminum oxide room, where aluminum oxide gets applied 7-8 times to build an outer shell. This shell covers the wax mold which in turn covers the metal. They're allowed to dry for several minutes and then get put into a huge autoclave to melt off the wax, which comes down then ^{inside of the} spreader into the inverted pottery bowl. Once

-A3-

SUMMARY OF FINDINGSFACILITY DESCRIPTION AND OPERATIONS (continued):

the way is gone, the devices go into a large industrial furnace (2) that runs continuously at approx 2000°F for 4 hrs. This is where the metal gets remelted into the aluminum oxide shell (mold). When the desired status is reached, the screws are removed from the furnace and allowed to cool. Once cooled, the aluminum oxide shell is then removed and the devices are now ready to be refined. Depending upon certain specs, some devices get further heat-treated because tiny metal beads need to be added for a tighter fit. These beads are applied by hand with adhesive glue & then heat-treated for permanent application. Because the metals in these devices contain iron, nitric acid is used in a passivation process, which is in 150 gal tanks, (waste stream #1) & which removes this iron, & puts a passive layer on the device as an anti-corrosive. From here, the device gets rinsed in

A-4

SUMMARY OF FINDINGSFACILITY DESCRIPTION AND OPERATIONS (continued):

a series of 3 water tanks (30 gal each - discharged into sewer) and 1 tank (also 30 gal) of sodium bicarbonate to neutralize it, & then from here go into 1 of 3 preon (III, ice) degreasers (wastestream #2) (150 gal) for drying purposes. From here, these devices go to various areas for grinding, buffing and sanding. The grinding machines use lubricating oil (x-120) which is wastestream #30 as well as H₂O soluble oils. From here, these devices go to the x-ray dept. where x-rays are taken to make sure there are no defects in the metal. This is where acetic acid is used, as well as other x-ray by-products (developer etc.). This is wastestream #4. If the device needs certain excitations or if the part needs special modification sodium hydroxide (wastestream #5) is used. ^{sodium hydroxide sludge} The device goes into 2-250 gal tanks via a basket onto a conveyor belt, for 4 hrs, & then goes into one 250 gal rinse H₂O tank (also discharged into sewer).

A-5
A3-SUMMARY OF FINDINGSFACILITY DESCRIPTION AND OPERATIONS (continued):

In any case, all devices ultimately go into a sink-like area for electropolishing to get a smooth shiny surface. Sulfuric / phosphoric acid mixture is used for this procedure (amt varies - wastestream #6.)

(All metal shavings from the process either go back to the vendor (in 55 gal drums) or go to a scrap metal dealer.)

From here, the devices go thru QA/QC and then into the packaging dept. There are several degreasers here (10-15 gal + 1-250 gal) with 111, trichloroethane. The devices are not sterilized before packaging, but they are degreased so no oil or particles are left on them.

The tour found all areas to be in good shape. There were 2 haz waste storage areas, both labeled as such & both fenced in (outdoors) One area contains

A-6

SUMMARY OF FINDINGSFACILITY DESCRIPTION AND OPERATIONS (continued):

2-Above ground storage tanks (not approved by the dept - NOV issued) containing H_2O soluble oil (1000 gal each), and 1-500 gal mineral type oil (all for ~~the~~ lubricating machines.) (Amts vary.) The other area contains non waste drums: 55 gal-
6- D002-phosphoric / sulfuric acid
1- D002-nitric acid
4- D002-Acetic acid
4- F001- Freon (111 Tce).
- of the 4 Acetic acid, (fiberglass drums) 3 were w/out accum. start dates
- of the 4 Freon (111 Tce) metal drums 3 were w/out accum start dates.
For these, NOV's were issued. Also in this area were 5- 55 gal drums of "reusable" hydraulic oil.
There was a non-haz. area also on site where 1 20,000 gal Liquid nitrogen tank & 1 20,000 gal Argon tank (for inert atmosphere use in industrial furnaces etc.) are located.

A-7
~~A-3~~SUMMARY OF FINDINGSFACILITY DESCRIPTION AND OPERATIONS (continued):

These Areas seemed to be in good order except for the accum. slant dots where NO's were issued.

The requested documents were also received. There are 23 air permits # 00565, Permit from Bergen County sewer - 90-039. All manifests were in good order. However, the following violations were found: 7.26-9.4(d)5, 9.3(a)3, 9.3(b), 9.6(f)4, + 9.7e+seq. Also found, were 2 manifests w/out LDR notification. Therefore, I recommend USEPA be notified for further investigation &/or enforcement.

Also, although they did not have a contingency plan at the time of my visit, there is a copy enclosed of their proposed plan in progress. The company indicated that they were in the process of developing a full contingency plan.

NY 1 A7516371

+
NY A 5676894

NY A 0260595

-B-

Describe the activities that result in the generation of hazardous waste.

See Narrative

Identify the hazardous waste located on site, and estimate the approximate quantities of each. (Identify Waste Codes)

55-gal - 6 - D002 - Phosphoric / Sulfuric acid
55-gal - 1 - D002 - Nitric acid
" " 4 - D002 - Acetic acid
" " 4 - F001 - Freon (111 Tce)

GENERAL

GENERAL CHECKLIST

YES NO N/A

7:26-7.4(a)1

Does the Generator have an EPA ID number?

✓ — —

HAZARDOUS WASTE DETERMINATION

7:26-8.5(a)

Did the generator test its waste to determine whether it is hazardous?

✓ — —

7:26-8.5(b)

Did the generator determine the hazardous characteristics based upon knowledge of process?

✓ — —

Is the waste hazardous?

✓ — —

7:26-8.5(d)

Were test results, waste analysis, or other determinations made in accordance with this section kept for three years from the date that the waste was last sent to an on-site or off-site TSF?

✓ — —

MANIFESTS

7:26-7.4(a)4

Does each manifest have the following information? Please circle the elements missing and obtain a copy of the incomplete manifests. (List those manifests that are deficient on G-1).

— — —

7:26-7.4(a)4i

The generator's name, address and phone number.

✓ — —

7:26-7.4(a)4ii

The generator's EPA ID number.

✓ — —

7:26-7.4(a)4iii

The hauler(s) name, address phone number and NJ registration.

✓ — —

7:26-7.4(a)4iv

The hauler(s) EPA ID number.

✓ — —

7:26-7.4(a)4v

The name, address and phone number of the designated TSD facility.

✓ — —

7:26-7.4(a)4vi

The TSF's EPA ID number.

✓ — —

7:26-7.4(a)4v

The name, address and phone number of the designated TSD facility.

✓ — —

7:26-7.4(a)4vi1

The name, type and quantity of hazardous waste being shipped, including such particulars as may be required regarding same?

✓ — —

7:26-7.4(a)4vi11

Special handling instructions and any other information required on the form to be shipped by generator?

✓ — —

✓ — —

		YES	NO	N/A
7:26-7.4(3)	Did the generator describe all N.O.S. wastes in Section J?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7:26-7.4(a)ix	When shipping hazardous waste to a waste reuse facility does the generator enter the waste reuse facility I.D. # in the section G of the Uniform Manifest?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7:26-7.4(a)5	Before allowing the manifested waste to leave the generator's property, did the generator:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7:26-7.4(a)5i	Sign the manifest certification by hand?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7:26-7.4(a)5ii	Obtain the handwritten signature of the initial transporter and date of acceptance on the manifest?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7:26-7.4(a)5iii	Retain one copy and forward one copy to the state of origin and one copy to the state of destination?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7:26-7.4(a)5iv	Provide the required numbers of copies for: generator, each hauler, owner/operator of the designated facility, as well as one copy returned to the generator by the facility owner/operator?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7:26-7.4(a)5v	Give the remaining copies of the manifest form to the hauler?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7:26-7.4(f)	Has the generator maintained facility records for three (3) years? (Manifest(s), exception report(s) and waste analysis)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7:26-7.4(h)1	Has the generator received signed copies of portion B (from the TSD facility) of all manifests for waste shipped off site more than 35 days ago?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7:26-7.4(h)1	If not: Did the generator contact the hauler and/or the owner or operator of the TSDF and the NJDEP at (609) 292-8341 to inform the NJDEP of the situation?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7:26-7.4(h)2	Have exception reports been submitted to the Department covering any of these shipments made more than 45 days ago?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

7:26-9.3

Accumulation Time

How is waste accumulated on site?

- ☐ Containers — 55 gal drums
☐ Tanks (greater than 90 days)
 (complete HWMF (TSD) Facility Checklist)
☒ Tanks (less than 90 days)
☒ Above ground
☐ Below ground
☐ Surface impoundments
 (complete HWMF (TSD) Facility Checklist)
☐ Piles (complete HWMF checklist)

7:26-9.3(a)1

Is waste accumulated for more than
90 days?

YES NO N/A

— — —
 ✓

STOP HERE IF THE HAZARDOUS WASTE MANAGEMENT FACILITY (TSF) CHECKLIST IS
FILLED OUT.

Short term accumulation standards for generators who accumulate waste in containers and tanks for 90 days or less:

<u>Containers</u>	<u>YES</u>	<u>NO</u>	<u>N/A</u>
7:26-9.4	What type of containers are used for storage. Describe size, type, quantity, and nature of waste (e.g. 12 fifty-five gallon drums of waste acetone).		
	55 gal drums & 55 gal tank		
7:26-9.4(d)2	Do the containers appear to be in good condition, not in danger of leaking?		
	✓	—	—
	If no, describe the problem (include number of containers involved.)		
7:26-9.4(d)4i	Are all containers securely closed except those in use?		
	✓	—	—
7:26-9.4(d)4iii	Do the containers appear to be properly handled or stored in a manner which will minimize the risk of the container rupturing and/or leaking?		
	✓	—	—
7:26-9.4(d)4iv	Are containerized hazardous wastes segregated in storage by waste type?		
	✓	—	—
7:26-9.4(d)4v	Is every container arranged so that its identification label is visible?		
	✓	—	—
7:26-9.4(d)5	Is the container storage area inspected at least daily?		
	—	✓	—
7:26-9.4(d)6	Are containers holding ignitable and reactive wastes located at least 50 (fifty) feet (15 meters) from the facilities property line?		
	✓	—	—
7:26-7.2(a)	Did the owner/operator conspicuously label appropriate manifest number on all hazardous waste containers that are intended for shipment?		
	✓	—	—
7:26-9.3(a)3	Is each container clearly dated with each period of accumulation so as to be visible for inspection?		
	—	✓	—

YES NO N/A

7:26-7.2(b)

Did the owner/operator insure that all containers used to transport hazardous waste off site are in conformance with applicable DOT regulations? (49CFR 171, 179)

✓
— — —

Tanks (Less than 90 day storage)

7:26-9.3(b)

Does the generator accumulate hazardous waste on-site in an above ground tank?

✓
— — —

If yes, describe the tank(s):

- 1) Capacity _____
- 2) Shell thickness _____
- 3) Material Construction _____
- 4) Age of tank _____

7:26-9.3(b)

Does the generator have written approval from the Department to store hazardous waste(s) in this tank(s) for ninety days or less?

— ✓ —

7:26-9.3(b)1

Does each tank(s) have sufficient shell thickness to ensure the tank will not collapse or rupture as specified by the Department?

— — ✓

7:26-9.3(b)4

Is the tank(s) designed so that at least 99% of the volume of each of the tanks can be emptied by direct pumping or drainage?

— — —

7:26-9.3(b)5

Is each tank(s) rendered empty (1% or less remaining) every 90 days or less?

— — —

7:26-9.3(b)6

Are all wastes removed from the tank(s) shipped off-site to an authorized facility or placed in an on-site, authorized facility?

— — —

7:26-9.3(b)8

If part of the tank is below grade, is it constructed to allow visual inspection of the tank, comparable to a totally above-ground tank and is secondary containment provided for the below grade part?

— — —

7:26-10.5(c)1

Are materials which are incompatible with the material of construction of the tank(s) placed in the tank(s)?

— — —

7:26-10.5(c)2

Does the generator use appropriate controls and practices to prevent overfilling?

— — —

		<u>YES</u>	<u>NO</u>	<u>N/A</u>
7:26-10.5(c)211	For uncovered tanks, is there sufficient (two feet or acceptable documentation) freeboard to prevent overtopping by wave or wind action by or precipitation?	—	—	—
7:26-9.3(b)3	Does each tank(s) or storage tank area have secondary containment?	—	—	—
7:26-10.5(d)1	Is the containment system capable of collecting and holding spills, leaks, and precipitation?	—	—	—
7:26-10.5(d)11	Is the base underlying the tank(s) free from cracks, gaps, and sufficiently impervious to contain leaks, spills, and accumulated rainfall until the collected material is detected and removed?	—	—	—
7:26-10.5(d)11	Does the containment system consist of material compatible with the wastes being stored?	—	—	—
7:26-10.5(d)111	Is the containment system sloped or otherwise designed to efficiently drain and remove liquids resulting from leaks, spills and precipitation?	—	—	—
7:26-10.5(d)111	Is the tank protected from contact with accumulated liquids?	—	—	—
7:26-10.5(d)iv	Does the containment system have sufficient capacity to contain ten percent of the volume of all tanks or the volume of the largest tanks whichever is greater?	—	—	—
7:26-10.5(d)2	Is run-on into the containment area prevented?	—	—	—
	If not, explain.	—	—	—
7:26-10.5(d)3	Is precipitation removed from the pump or collection area in a timely manner to prevent blockage or overflow of the collection system?	—	—	—
7:26-10.5(d)4	Is spilled or leaked waste removed from the pump or collection area daily?	—	—	—

YES NO N/A

7:26-10.5(d)41	If the collected material is hazardous waste under NJAC 7:26-8, it is managed as a hazardous waste in accordance with all applicable requirements of this chapter?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7:26-9.4(g)4	<u>Personnel Training</u> Have facility personnel successfully completed a program of classroom instruction or on-the-job training since six months after the date of their employment or assignment to the facility or to a new position at the facility?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7:26-9.4(g)5	Has facility personnel taken part in an annual review of initial training?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7:26-9.4(g)2	Is the program directed by a person trained in hazardous waste management procedures and does it include instruction which teaches facility personnel hazardous waste management procedures (including contingency plan to implementation) relevant to the positions in which they are employed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Is there written documentation of the following:			
7:26-9.4(g)61	Job title for each position at the facility related to hazardous waste management, and the name of the employee filling each job?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7:26-9.4(g)611	A written job description for each position related to hazardous waste management?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7:26-9.4(g)6111	A written job description on the type and amount of both introductory and continuing training that has been and will be given to personnel in jobs related to hazardous waste management?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7:26-9.4(g)61v	Documentation of actual training or experience received by personnel?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7:26-9.4(g)7	Are training records kept on all current employees until closure of the facility and training records kept on former employees for three years from their last date of employment?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

YES NO N/A

7:26-9.6

Preparedness and prevention

Does the facility comply with preparedness and prevention requirements including maintaining:

7:26-96(b)1

An internal communications or alarm system?

✓ — —

7:26-9.6(b)2

A telephone or other device to summon emergency assistance from local authorities?

✓ — —

7:26-9.6(b)3

Portable fire equipment, spill control equipment, and decontamination equipment?

✓ — —

7:26-9.6(b)4

Water at adequate volume and pressure to supply water hose streams, or foam producing equipment, or automatic sprinklers, or water spray system?

✓ — —

7:26-9.6(c)

Is equipment tested and maintained?

✓ — —

7:26-9.6(d)1

Is there immediate access to communications or alarm systems during systems during handling of hazardous waste?

✓ — —

7:26-9.6(e)

Adequate aisle space (18") to allow unobstructed movement of personnel fire protection equipment, spill control equipment and decontamination equipment?

✓ — —

If no, please explain.

In your opinion, do the types of waste on site require all of the above procedures, or are some not required?

— — —

Explain.

7:26-9.6(f)

Has the facility made the following arrangements, as appropriate for the type waste handled on site:

— — —

7:26-9.6(f)1

Familiarize police, fire departments and emergency response teams with the layout of the facility and hazardous waste handled - associated hazardous places where facility personnel would normally be working, entrances and roads inside facility and possible evacuation routes.

✓ — —

YES NO N/A

- 7:26-9.6(f)2 Where more than one police and fire department might respond to an emergency, is there an agreement designating primary emergency authority to a specific police or fire department, and agreements with any others to provide support to the primary emergency authority? ✓
- 7:26-9.6(f)3 Agreements with emergency response contractors, and equipment supplies? ✓
- 7:26-9.6(f)4 *New England Pollution Control*
Arrangements to familiarize local hospitals with the properties of hazardous waste handled at the facility and the types of injuries or illnesses which could result from fires, explosion, or discharges at the facility? Cont. Plan
 in progress
- 7:26-9.6(f)5 Arrangement with local fire departments to inspect the facility on a regular basis with at least two (2) inspections annually? ✓
- 7:26-9.6(f)6 If authorities identified in (f)1 through 5, above decline to enter into such arrangements, has the owner, or operator documented this refusal in the operating record. ✓
- 7:26-9.4(g)8 Are semi-annual drills conducted involving all employees and appropriate local authorities to test emergency response capabilities at the facility in accordance with the contingency plan and emergency procedures development pursuant to NJAC 7.26-9.7? ✓
*Emergency coordinator is a Fireman!
INTERNAL Semi-ANNUAL drills.
will do w/LOCALS.*
- 7:26-9.4(g)81 If no, did the owner or operator petition the Department for an exemption from the semi annual drills requirement? ✓
- 7:26-9.4(g)811 Did the owner or operator petition the Department for an exemption excluding some or all local officials in the semi annual drill requirements? ✓
- If yes, did the owner operator provide those specific local officials with written approval of the exemption? ✓

YES NO N/A

7:26-9.7

Contingency Plan and Emergency ProceduresIN progress

7:26-9.7(a)

Does the facility have a written contingency plan for emergency procedures designed to deal with fires, explosions, hazards to human health or environment, or any unplanned sudden or non-sudden release of hazardous waste or hazardous waste constituents into air, soil or surface water?

____ ✓ ____

7:26-9.7(b)

Are provisions of the plan carried out immediately whenever there is a fire, explosion, or release of hazardous waste or hazardous waste constituents which could threaten human health or the environment?

____ ✓ ____

7:26-9.7(c)

Does the contingency plan describes the actions facility personnel shall take in response to fires, explosions, or any unplanned sudden or non-sudden release of hazardous waste or hazardous waste constituents to air, soil, or surface water at the facility?

____ ✓ ____

7:26-9.7(d)

Did the owner or operator prepare a Spill Prevention, Control, and Countermeasures (SPCC) Plan in accordance with 40 CFR 112 or 300 or a Discharge Prevention Containment and Countermeasure (DPCC) Plan in accordance with N.J.A.C. 7:1E-4.1 et seq.

____ ✓ ____

If yes, did the owner or operator amend that plan to incorporate hazardous waste management provisions that are sufficient to comply with the requirements of this section?

____ ✓ ____

7:26-9.7(e)

Does the plan describe arrangements agreed to by local police departments, fire departments, hospitals, contractors, and State and local emergency response teams to coordinate emergency services?

____ ✓ ____

YES NO N/A

- 7:26-9.7(f) Does the plan list names, addresses, and phone numbers (office and home) of all persons qualified to act as emergency coordinator and is this list kept up to date? Where more than one person is listed, one shall be named as primary emergency coordinator and others shall be listed in the order in which they will assume responsibility as alternates? _ _ _ ✓
- 7:26-9.7(g) Does the plan include a list of all emergency equipment at the facility (such as fire extinguishing systems, spill control equipment, communications and alarm systems (internal and external) and decontamination equipment), where this equipment is required? Is the list up-to-date? In addition, does the plan include the location and physical description of each item on the list, and a brief outline of its capabilities? _ _ _ ✓
- 7:26-9.7(h) Does the plan include an evacuation procedure for facility personnel where there is a possibility that evacuation could be necessary? Does this plan describe signal(s) to be used to begin evacuation, evacuation routes, and alternative evacuation routes (in case where the primary route could be blocked by releases of hazardous waste or fires)? _ _ _ ✓
- 7:26-9.7(i) Is a copy of the contingency plan and all revisions to the plan:
1. Maintained at the facility; _ _ _ ✓
 2. Has the contingency plan been submitted to local authorities (police fire departments, emergency response teams)? _ _ _ ✓
- 7:26-9.7(k) Is there an employee on site or on call at all times with the responsibility of coordinating, all emergency response measures? _ _ _ ✓

APPENDIX A

SOLVENT IDENTIFICATION CHECKLIST

1. Does the handler generate any of the following F001 constituents (i.e., spent halogenated solvents used in degreasing) as a result of being used in the process either in pure form or commercial grade?

tetrachloroethylene	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
trichloroethylene	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
methylene chloride	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
1,1,1-trichloroethane	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
carbon tetrachloride	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
chlorinated fluorocarbons	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

2. Does the handler generate any of the following F002 constituents (i.e., spent halogenated solvents) as a result of being used in the process either in pure form or commercial grade?

tetrachloroethylene	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
trichloroethylene	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
methylene chloride	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
1,1,1-trichloroethane	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
chlorobenzene	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
trichlorofluoromethane	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
1,1,2-trichloro-1,2,2-trifluoroethane	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
ortho-dichlorobenzene	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

3. Does the handler generate any of the following F003 constituents (i.e., spent nonhalogenated solvents) as a result of being used in the process either in pure form or commercial grade?

xylene	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
acetone	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
ethyl acetate	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
ethyl benzene	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
ethyl ether	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
methyl isobutyl ketone	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
n-butyl alcohol	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
cyclohexanone	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
methanol	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

If the F003 waste stream has been mixed with a solid waste, does the resultant mixture exhibit the ignitability characteristic?

☐ Yes ☒ No

4. Does the handler generate any of the following F004 constituents (i.e., spent nonhalogenated solvents) as a result of being used in the process either in pure form or commercial grade?

cresols and cresylic acid
nitrobenzene

☐ Yes ☒ No
☐ Yes ☒ No

5. Does the handler generate any of the following F005 constituents (i.e., spent nonhalogenated solvents) as a result of being used in the process either in pure form or commercial grade?

toluene
methyl ethyl ketone
carbon disulfide
isobutanol
pyridine

☐ Yes ☒ No
☐ Yes ☒ No
☐ Yes ☒ No
☐ Yes ☒ No
☐ Yes ☒ No

6. Are any of the constituents listed in questions 1 through 5 used for their "solvent" properties -- that is to solubilize (dissolve) or mobilize other constituents? The following questions will be helpful in confirming this determination.

- (a) Are the constituents used as chemical carriers?

☒ Yes ☒ No

If yes, list the constituents.

~~2/1~~ CHLOR. FORM. ACID

- (b) Are the constituents used for degreasing/cleaning?

☒ Yes ☐ No

If yes, list the constituents.

OILS - WATER, FREON, MCLTCE

- (c) Are the constituents used as diluents?

☐ Yes ☒ No

~~2/1~~ If yes, list the constituents.

- (d) Are the constituents used as extractants?

☐ Yes ☒ No

If yes, list the constituents.

(c) Are the constituents used for fabric scouring?
____ Yes ☒ No

If yes, list the constituents.

(f) Are the constituents used as reaction and synthesis media?
____ Yes ☒ No

If yes, list the constituents.

If the responses to questions 1 through 6 led the inspector to believe that the waste may be an F-solvent, answer question 7.

7. Are any of the above constituents spent solvents? (A solvent is considered "spent" when it has been used and is no longer usable without being regenerated, reclaimed, or otherwise reprocessed.)
____ Yes ____ No
8. If the waste is a mixture of constituents as determined in questions 1 through 6, give the concentration before use of all the constituents in the solvent mixture/blend. For example:

5%	methylene chloride
2%	trichloroethylene
25%	1,1,1-trichloroethane
<u>68%</u>	mineral spirits
100%	

If the waste stream is a mixture containing a total of 10% or more (by volume) of one or more of the F001, F002, F004, or F005 listed constituents before use, it is a listed waste.

With respect to the F003 solvent wastes, if, before use, the waste stream is mixed and contains only F003 constituents, it is a listed waste. For example:

33%	acetone
16%	methanol
<u>51%</u>	ethyl ether
100%	

If the waste stream is a mixture containing F003 constituents and a total of 10% or more of one or more of the F001, F002, F004, and F005 listed constituents before use, it is a listed waste. For example:

50%	xylene (F003)
12%	TCE (F001)
<u>38%</u>	mineral spirits
100%	

If in light of the above, the handler appears to be generating F001 - F005 hazardous wastes, refer this facility to the enforcement official for followup actions verifying the use of solvents at the facility.

APPENDIX B
TREATMENT STANDARDS FOR F-SOLVENTS

F001-F005 SPENT SOLVENTS	CONCENTRATION (IN MG/L)	
	WASTEWATERS	OTHER WASTES
Acetone	0.05	0.59
N-butyl	5.0	5.0
Carbon disulfide	1.05	4.81
Carbon tetrachloride	.05	.96
Chlorobenzene	.15	.05
Cresols (and cresylic acid)	2.82	.75
Cyclohexanone	.125	.75
1,2-dichlorobenzene	.65	.125
Ethyl acetate	.05	.75
Ethyl benzene	.05	.053
Ethyl ether	.05	.75
Isobutanol	5.0	5.0
Methanol	.25	.75
Methylene chloride	.20	.96
Methylene chloride (from the pharmaceutical industry)	12.7	.96
Methyl ethyl ketone	0.05	.075
Methyl isobutyl ketone	0.05	.33
Nitrobenzene	0.66	0.125
Pyridine	1.12	0.33
Tetrachloroethylene	0.079	0.05
Toluene	1.12	0.33
1,1,1-Trichloroethane	1.05	0.41
1,2,2-Trichlor 1,2,2-trifluoroethane	1.05	0.96
Trichloroethylene	0.062	0.091
Trichlorofluoromethane	0.05	0.96
Xylene	0.05	0.15

Inspector: _____
Address: _____
Telephone No: _____

RCRA LAND DISPOSAL RESTRICTION
GENERATOR CHECKLIST

I. HANDLER IDENTIFICATION

A. Handler Name Howmedia 359 Veterans Blvd B. Street (or other identifier)
C. City Rutherford D. State NS E. Zip Code 07070 F. County Name Bergen
G. Nature of Business; Identification of Operations: SIC Code(s) manufactures orthopedic devices
H. EPA ID # NSD052077682
I. Handler Contact (Name and Phone Number) John Zajac

II. GENERATOR COMPLIANCE

Comments

A. Waste Identification

1. F-Solvents

a. Does the handler generate the following wastes?

(1) F001, F002, F004, or F005 Yes No

(11) F003 Yes No

If an F003 wastestream (listed solely for ignitability) has been mixed with a non-restricted solid or hazardous waste, does the resultant mixture exhibit the ignitability characteristic?
Yes No

b. Source of the above: Form 8700-12 ; Part A ; Part B ; Biennial/Annual Reports
other (specify) manifests; RCRA inspection

Appendix A is intended to assist the inspector and enforcement official in determining whether the facility is generating F-solvent wastes, if such wastes were not identified by the facility previously. If you are concerned that F-solvent wastes may be misclassified or mislabeled, turn to Appendix A-1. To assist in identifying potentially

Handler Name: _____
ID Number: _____
Inspector: _____
Date: _____

Comments

misclassified F-solvents, Appendix A-2 presents a list of corresponding P and U wastes. Note concerns below: _____

2. Dioxin wastes

- a. Does the handler report the generation of the following wastes? (The following industries may generate listed dioxin wastes: organic chemicals, pesticide or formulator.)

(i) F020 - F023, F026 - F027 ☐ Yes ☒ No
(ii) F028 ☐ Yes ☒ No
[F-solvent BD&T standards are presented as Appendix B]

3. California Waste Identification

- a. Does the facility handle any of the following wastes?

(i) D002 ☒ Yes ☐ No
(ii) D004 - D011 ☐ Yes ☒ No

- b. Does the generator handle any hazardous wastes characterized by high concentrations of halogenated organic constituents (HOCs), metals, or cyanides? ☒ Yes ☐ No

[California waste standards are presented as Appendix C]

- c. Is the generator handling any of the F, K, P, or U wastes subject to the "soft hammer" that may qualify as California wastes due to HOC, metals, or cyanide content? See Appendix D for a listing of California constituents likely to be found by waste code. ☐ Yes ☒ No

- d. Has the generator conducted the paint filter test (Method 9095) [§268.32(i)]? ☒ Yes ☐ No*

- e. Has the generator conducted any testing of these hazardous wastes to determine whether the concentrations qualify the hazardous wastes as California wastes? ☒ Yes ☐ No

If no, has the generator retained records documenting his "applied knowledge" that the hazardous waste is not a California waste?

☐ Yes ☐ No

2/ A potential violation is indicated

Handler Name: _____
ID Number: _____
Inspector: _____
Date: _____

Comments

If "no" is answered to both parts of this question, a violation is indicated. [§268.7(a)]

Describe the nature of the records:

- f. Source of the above: Form 8700-12 _____; Part A _____; Part B _____; Biennial/Annual Report _____; other (specify) ✓ waste analysis

4. First Third Waste Identification

- a. Does the generator handle any of the wastes listed as First Third Wastes in §268.10? See Appendix E for listing. List First Third Wastes handled by the generator here:

- b. Does the generator handle any soft-hammer wastes (Appendices D-1, D-2, and F)? If so, list those wastes:

- c. Are any of the soft-hammered wastes California wastes (see Appendix G)? Yes ☐ No ☒

If yes, the wastes must meet BDAT standards prior to disposal.

- d. Has the Regional Administrator received demonstrations/certifications for all soft hammered wastes to be land disposed [§268.8(a)(2)]? Yes ☐ No* ☐

- e. Source of the above: Form 8700-12 _____; Part A _____; Part B _____; Biennial/Annual Report _____; other (specify) _____.

B. BDAT Treatability Group - Treatment Standards Identification

1. Does the generator mix restricted wastes with different treatment standards for constituents of concern? Yes ☐ No ☐

2. If yes, did the generator select the most stringent treatment standard for the constituent of concern [§268.41(b)]? Yes ☐ No* ☐

2/ A potential violation is indicated

Handler Name: _____
ID Number: _____
Inspector: _____
Date: _____

Comments

3. P Solvents - -

- a. Did the generator correctly determine the appropriate treatability group [§268.41] of the waste (e.g., wastewaters containing solvents, nonwastewater (i.e., < 1% TOC), pharmaceutical wastewaters containing spent methylene chloride, all other spent solvent wastes)?

☒ Yes ☐ No*

4. California Wastes

- a. Did the generator correctly determine the distinction between liquid hazardous wastes and non-liquid hazardous wastes that contain HOCs in concentrations greater than 1,000 mg/kg [§268.32(h)]?

☒ Yes ☐ No*

5. First Third Wastes

- a. Did the generator ascertain whether restricted wastes were appropriately assigned wastewater or nonwastewater designations (nonwastewaters are > 1% TOC and > 1% suspended solids) [§268.7(a)]?

☐ Yes ☐ No*

- b. Does the facility handle K061 wastes?

☐ Yes ☒ No

If yes, were nonwastewaters appropriately classified in either the high or low zinc subcategories (≥15% Zn) [§268.7(a)] [§268.41(a)]?

☐ Yes ☐ No*

- c. Does the facility handle K101 or K102 wastes?

☐ Yes ☒ No

If yes, were nonwastewaters appropriately classified in either the high or low arsenic subcategories [§268.7(a)] [§268.41(a)]?

☐ Yes ☐ No*

- d. Is there any reason to believe that the generator may have diluted the waste to change the applicable treatment standard (based on review of process operation, pipe routing, point of sampling)?

☐ Yes ☒ No

2/ A potential violation is indicated

Handler Name: _____
ID Number: _____
Inspector: _____
Date: _____

Comments

C. Waste Analysis

1. Did the generator determine whether the waste exceeds treatment standards based on §268.7(a):

a. Knowledge of wastes ☒ Yes ☐ No

(1) List wastes for which "applied knowledge" was used:

oil, as well as waste profile sheets.

b. TCLP ☐ Yes ☐ No

(1) List wastes for which "TCLP" was used:

N/A

(11) Appendix D lists wastes for which treatment standards are expressed as concentrations in waste extract. Were any wastes handled by the generator subject to waste extract standards not tested using the TCLP? ☐ Yes ☐ No

If yes, list: _____

c. Total waste analysis ☒ Yes ☐ No

d. If files were retained, describe content and basis of applied knowledge determination:

N/A

If determined by TCLP or total constituent analysis, provide date of last test, frequency of testing, and attach test results.

Dates/frequency: _____

Note which wastes were subjected to which tests:

Note any problems (e.g., inadequate analysis, variation of waste composition/generation for applied knowledge) _____

2/ A potential violation is indicated

Handler Name: _____
ID Number: _____
Inspector: _____
Date: _____

Comments

- e. Were wastes tested using TCLP or total constituent analysis when a process or wastestream changed [§264.13(a)(3)(1) or §265.13(a)(3)(1)]?
_____ Yes _____ No*

2. Did the restricted wastes exceed applicable treatability group treatment standards upon generation [§268.7(a)(1)]?

List those that exceeded standards: _____

List those that did not exceed standards: _____

3. Did the generator dilute the waste or the treatment residual so as to substitute for adequate treatment [§268.3]
_____ Yes* _____ No

D. Management

1. Onsite management

- a. Were restricted wastes managed onsite?
_____ Yes _____ No

If no, go to "2".

- b. For wastes that exceed treatment standards, was treatment in regulated units, storage for greater than 90 days, and/or disposal conducted?
_____ Yes _____ No

If yes, TSDP checklist must be completed.

2. Offsite Management

- a. If restricted wastes exceed treatment standards, did generator provide treatment facility notification with each shipment? [268.7(a)(1)]:

(i) EPA Hazardous Waste Number? _____ Yes _____ No*

(ii) Corresponding treatment standard? _____ Yes _____ No*

(iii) Manifest number? _____ Yes _____ No*

(iv) Waste analysis, if available? _____ Yes _____ No

2/ A potential violation is indicated

Handler Name: _____
ID Number: _____
Inspector: _____
Date: _____

Comments

Identify offsite treatment facilities

Chemwaste mgmt & services

Radco research corp.

b. If restricted wastes do not exceed treatment standards, did generator provide the disposal facility with a notice and certification including:

- (i) EPA hazardous waste I.D. number? ☒ Yes ☐ No*
- (ii) Corresponding treatment standard? ☒ Yes ☐ No*
- (iii) Manifest number ☒ Yes ☐ No*
- (iii) Certification regarding waste and that it meets treatment standards? ☒ Yes ☐ No*

N/A
nothing land-filled

Identify land disposal facilities receiving the BDAT certified wastes

c. If the generator's waste is subject to a §268.5 case by case exemption, a §268.6 "no migration" exemption, or a nationwide variance (see Appendix E for restricted wastes subject to nationwide variances), does the generator's records indicate that he or she submits with each waste shipment [§268.7(a)(3)]:

N/A

- (i) EPA Hazardous Waste Number? ☐ Yes ☐ No*
- (ii) Corresponding Treatment Standards? ☐ Yes ☐ No*
- (iii) All applicable prohibitions? ☐ Yes ☐ No*
- (iv) The manifest number? ☐ Yes ☐ No*
- (v) The date the wastes are subject to prohibitions? ☐ Yes ☐ No*
- (vi) Does generator keep records of all notifications/certifications sent to offsite facilities? ☐ Yes ☐ No*

2/ A potential violation is indicated

Handler Name: _____
ID Number: _____
Inspector: _____
Date: _____

Comments

List all prohibited wastes for which records are not provided per above [§268.7(a)(b):

Identify TSDFs receiving any prohibited wastes subject to any exemptions and variances:

- d. If handler generates a "soft hammer" waste, does the generator send with each "soft hammer" waste shipment to a TSDF and retain copies of, a notice that includes [268.7(a)(4)]:

The EPA Hazardous Waste Number? ☐ Yes ☐ No*

Applicable prohibitions? ☐ Yes ☐ No*

The manifest number? ☐ Yes ☐ No*

Waste analysis data, where available? ☐ Yes ☐ No

- (i) Do the generator's records indicate that any soft-hammer wastes are destined for disposal in a landfill or surface impoundment [§268.33(f)]? ☐ Yes ☐ No

If yes, list facility of destination and waste of concern [§268.8(a)(2)]

- (ii) Has the generator submitted demonstrations and certifications for each "soft-hammered" waste destined to be disposed in landfill or surface impoundment to the Regional Administrator prior to the shipment of waste to the TSDF [§268.7(a)(2)]? ☐ Yes ☐ No*

- (iii) Has the generator retained a copy of the demonstration on site [§268.8(a)(3)-(a)(4)]? ☐ Yes ☐ No*

- (iv) Has the generator retained copies of all §268.8 certifications sent to the TSDF [§268.7(a)(6)]? ☒ Yes ☐ No*

A potential violation is indicated

Handler Name: _____
ID Number: _____
Inspector: _____
Date: _____

Comments

(v) Did the generator submit the demonstration to the receiving facility upon the initial shipment of the waste [§268.8(a)(3)-(a)(4)]? ☐ Yes ☒ No*

(vi) If the Regional Administrator has invalidated the certification, has the generator ceased shipment of the waste and do records indicate that the generator has informed all receiving facilities of the invalidation [§268.8(b)(3)]? ☐ Yes ☒ No*

E. Storage of Prohibited Waste

1. Were prohibited wastes stored for greater than 90 days? ☐ Yes ☒ No

If yes, was facility operating as a TSD under interim status or final permit [§262.34(b)]? ☐ Yes ☒ No*

If yes, TSD Checklist must be completed.

F. Treatment Using RCRA 264/265 Exempt Units or Processes (i.e., boilers, furnaces, distillation units, wastewater treatment tanks, etc.)

1. Were treatment residuals generated from RCRA 264/265 exempt units or processes? ☐ Yes ☒ No

If yes, list type of treatment unit and processes

If yes, TSD checklist must be completed.

2/ A potential violation is indicated



STATE OF NEW YORK
DEPARTMENT OF ENVIRONMENTAL CONSERVATION
DIVISION OF SOLID AND HAZARDOUS WASTE

HAZARDOUS WASTE MANIFEST

P.O. Box 12820, Albany, New York 12212

Form Approved. OMB No. 2050-0039. Expires 9-30-88

Please print or type.

No. L.B.

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA No. NY ID 05 2 0 77 6882 69 7 1		Manifest Document No.		2. Page 1 of 1		Information in the shaded areas is not required by Federal Law.					
3. Generator's Name and Mailing Address Howmedica 359 VETERANS BLVD. RUTHERFORD, N.J. 07070						A. State Manifest Document No. NY A751697 1							
4. Generator's Phone (201 507-7300)						B. Generator's ID NYD052077602							
5. Transporter 1 (Company Name) CHEMICAL WASTE MANAGEMENT Inc						C. State Transporter's ID 810331 720							
6. US EPA ID Number I ID 0 99 2 02 6881						D. Transporter's Phone (201 463-2121)							
7. Transporter 2 (Company Name)						E. State Transporter's ID							
8. US EPA ID Number						F. Transporter's Phone ()							
9. Designated Facility Name and Site Address CHEMICAL WASTE MANAGEMENT (SCA CHEMICAL SERVICES) P.O. BOX 200 1550 BALMER ROAD MODEL CITY, NY 14107						G. State Facility's ID NYD049836679							
10. US EPA ID Number NY DC 4 98 36 6 79						H. Facility's Phone (716) 754-0231							
11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)						12. Containers		13. Total Quantity		14. Unit Wt/Vol		15. Waste No.	
a. WASTE ACETIC ACID SOLUTION NA-2790 RQ 10 CORROSIVE MATERIAL (EPA # D002-D011)						No. Type							
b. WASTE NITRIC ACID 4008 NITRIC NA-1760 RQ 10 CORROSIVE MATERIAL (EPA# D002-D006-D007)						X 14 D F XX220 G D002							
c. HAZARDOUS WASTE LIQUID H.O.S. RQ10000 NA - 9189 ORM-N (EPA# F002)						X 14 DF X X220 G D002							
d.						X 13 D M XX165 G F002							
J. Additional Descriptions for Materials listed Above						K. Handling Codes for Wastes Listed Above							
a. L-C-E ACETIC ACID AND WATER						b. L-T 1,1,1-TRICHLOROETHANE FROM 113, OIL, WATER, GRIT							
b. L-C-E NITRIC ACID AND WATER						c. FROM 113, OIL, WATER, GRIT							
15. Special Handling Instructions and Additional Information						16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations and state laws and regulations.							
A) PROFILE # G62874 FOR TREATMENT						C) PROFILE # J13533 FOR INCINERATION OR FUEL							
B) PROFILE # KKKKKK G62872 FOR TREATMENT													
17. Transporter 1 (Acknowledgement of Receipt of Materials)						18. Transporter 2 (Acknowledgement or Receipt of Materials)							
Printed/Typed Name Douglas J. Kujawa						Signature <i>[Signature]</i>						Mo. Day Year 05 30 89	
Printed/Typed Name <i>[Signature]</i>						Signature <i>[Signature]</i>						Mo. Day Year	
19. Discrepancy Indication Space													
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.													
Printed/Typed Name						Signature						Mo. Day Year	

NY A 751697 1



STATE OF NEW YORK
DEPARTMENT OF ENVIRONMENTAL CONSERVATION
DIVISION OF SOLID AND HAZARDOUS WASTE

HAZARDOUS WASTE MANIFEST

P.O. Box 12820, Albany, New York 12212

Form Approved. OMB No. 2050-0039. Expires 9-30-88

Please print or type.

UNIFORM HAZARDOUS
WASTE MANIFEST

1. Generator's US EPA No.

Manifest
Document No.

2. Page 1
of

Information in the shaded areas
is not required by Federal Law.

3. Generator's Name and Mailing Address

A. State Manifest Document No.

NY A 567689 4

4. Generator's Phone ()

B. Generator's ID

5. Transporter 1 (Company Name)

6. US EPA ID Number

FREEHOLD CARTAGE

NYDO59126169

C. State Transporter's ID

D. Transporter's Phone ()

7. Transporter 2 (Company Name)

8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone ()

9. Designated Facility Name and Site Address

10. US EPA ID Number

RADIAL RESEARCH CORP
261 KERST AVE
BROOKLYN NY 11211

NYDO49178296

G. State Facility's ID

H. Facility's Phone ()

11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)

12. Containers

13. Total
Quantity

14. Unit
Wt/Vol

15. Waste No.

a. WASTE FLAMMABLE LIQUID
FLAMMABLE LIQUID
UN1993 (D001)

No.

Type

1

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State of New Jersey
Department of Environmental Protection
Division of Waste Management
CN 028, Trenton, NJ 08625

NO LDR

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

Form Approved. OMB No. 2050-0039. Expires 9-30-88

**UNIFORM HAZARDOUS
WASTE MANIFEST**

1. Generator's US EPA ID No.

NJ00052077682

Manifest
Document No.

111117

2. Page 1
of 1Information in the shaded areas
is not required by Federal law *

3. Generator's Name and Mailing Address

HOWMEDICA CORPORATION

995 VETERANS BLVD. RUTHERFORD, NEW JERSEY 07070

4. Generator's Phone

(201) 935-2100 ext 502

A. State Manifest
Document Number

NJA0260595

B. State Gen. ID

SAME

5. Transporter 1 Company Name

ATLAS ASSOCIATES

6

US EPA ID Number

NJDEPS 8477/6628

C. State Transporter 1 ID

7. Transporter 2 Company Name

8

US EPA ID Number

D. Transporter's Phone

(201) 684-0024

9. Designated Facility Name and Site Address

MARISOL INC.

125 FACTORY LANE

MIDDLESEX, NEW JERSEY 08846

10

US EPA ID Number

NJDEPS 8477/6628

E. State Transporter 2 ID

F. Transporter's Phone

G. State Facility's ID

H. Facility's Phone (201) 469-5100

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

a. WASTE 1,1,1 TRICHLOROETHANE ORM-A UN2831

12. Containers

No.

13

Type

Total Quantity

14

Unit

Wt/Vol

I. Waste No.

007

DM

00385

G

F-001

J. Additional Descriptions for Materials Listed Above

1-T 1,1,1 TRICHLOROETHANE

a. WATER, OIL, GRIT (FOR RECOVERY)

K. Handling codes for Wastes Listed Above

a. T04 recovery

15. Special Handling Instructions and Additional Information

A) TECH 133 1,1,1, TRICHLOROETHANE FOR RECOVERY

LICENSE NUMBER TPD255 MS

deal 20430

16. **GENERATOR'S CERTIFICATION:** I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations, and all applicable state laws and regulations.

Unless I am a small quantity generator who has been exempted by statute or regulation from the duty to make a waste minimization certification under Section 3002(b) of RCRA, I also certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and I have selected the method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment.

Printed/Typed Name

JOHN F. ZAJA

Signature

[Signature]

Date

Month Day Year

10/4/87

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

ROGER DUNLAP

Signature

[Signature]

Date

Month Day Year

10/4/87

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Date

Month Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in item 19

Printed/Typed Name

Gregory A Pilato

Signature

[Signature]

Date

Month Day Year

10/4/87

NJA 0260595



STATE OF NEW YORK
DEPARTMENT OF ENVIRONMENTAL CONSERVATION
DIVISION OF SOLID AND HAZARDOUS WASTE

HAZARDOUS WASTE MANIFEST

P.O. Box 12820, Albany, New York 12212

Form Approved. OMB No. 2050-0039. Expires 9-30-88

Please print or type.

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA No. MD D 05 2 0 77 6882 69 7 1	Manifest Document No. 1	2. Page 1 of 1	Information in the shaded areas is not required by Federal Law.
3. Generator's Name and Mailing Address Howmedica 359 VETERANS BLVD. RUTHERFORD, N.J. 07070			A. State Manifest Document No. NY A 751697 1		
4. Generator's Phone (201 507-7380)			B. Generator's ID NJD052077682		
5. Transporter 1 (Company Name) CHEMICAL WASTE MANAGEMENT INC			C. State Transporter's ID 810331 720XA		
6. US EPA ID Number 1 ID 0 99 2 02 6881			D. Transporter's Phone (201 465-2121)		
7. Transporter 2 (Company Name)			E. State Transporter's ID		
8. US EPA ID Number			F. Transporter's Phone ()		
9. Designated Facility Name and Site Address CHEMICAL WASTE MANAGEMENT (SCA CHEMICAL SERVICES) P.O. BOX 200 1550 BALMER ROAD MODEL CITY, NY 14107			G. State Facility's ID NYD049836679		
10. US EPA ID Number NY DQ 4 98 36 6 79			H. Facility's Phone (716 754-8231)		
11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)			12. Containers	13. Total Quantity	14. Unit Wt/Vol
a. WASTE ACETIC ACID SOLUTION NA-2790 RQ 1# CORROSIVE MATERIAL (EPA # D002-D011)			No. Type		
b. WASTE NITRIC ACID 40% NITRIC NA-1760 RQ 1# CORROSIVE MATERIAL (EPA# D002-D006-D007)			X X4 D F X X220 G D002		
c. HAZARDOUS WASTE LIQUID H.O.S. RQ1000# NA - 9189 ORN-B (EPA# P002)			X X4 D F X X220 G D002		
d.			X X3 D M X X165 G P002		
J. Additional Descriptions for Materials listed Above			K. Handling Codes for Wastes Listed Above		
a. L-C-E ACETIC ACID AND WATER			a. L-T 1,1,1-TRICHLOROETHANE FROM 113.OIL, WATER, GRIT		
b. L-C-E NITRIC ACID AND WATER			b.		
15. Special Handling Instructions and Additional Information A) PROFILE # G62874 FOR TREATMENT C) PROFILE # J13530 FOR INCINERATION OR FUEL B) PROFILE # RRRRKE G62872 FOR TREATMENT WOT 1X7-76					
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations and state laws and regulations. If I am a large quantity generator, I certify that I have program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR if I am a small generator, I have made a good faith effort to minimize my waste and select the best waste management method that is available to me and that I can afford.					
Printed/Typed Name Douglas J. Kujawa			Signature <i>Douglas J. Kujawa</i>		
17. Transporter 1 (Acknowledgement of Receipt of Materials)			Mo. Day Year 0 5 30 89		
Printed/Typed Name David K. Kujawa			Signature <i>David K. Kujawa</i>		
18. Transporter 2 (Acknowledgement of Receipt of Materials)			Mo. Day Year 0 5 30 89		
Printed/Typed Name ANTHONY PACISI			Signature <i>Anthony Pacisi</i>		
19. Discrepancy Indication Space Item B - Sample Item C - CNT T2041L			Mo. Day Year 0 5 30 89		
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.					
Printed/Typed Name LYNN PIECHOWSKI			Signature <i>Lynn Piechowski</i>		
			Mo. Day Year 0 6 04 89		

NY A 751697 1

New Jersey Department of Environmental Protection
Division of Hazardous Waste Management
2 Babcock Place
West Orange, N.J. 07052
(201) 669-3960

Let's protect our earth



NOTICE OF VIOLATION

ID NO. NJD052077682DATE 4-10-90NAME OF FACILITY AowmedicaLOCATION OF FACILITY 359 Veterans BLVD, Rutherford NJ 07070NAME OF OPERATOR John Zajac

You are hereby NOTIFIED that during my inspection of your facility on the above date, the following violation(s) of the Solid Waste Management Act, (N.J.S.A. 13:1E-1 et seq.) and Regulations (N.J.A.C. 7:26-1 et seq.) promulgated thereunder and/or the Spill Compensation and Control Act, (N.J.S.A. 58:10-23.11 et seq.) and Regulations (N.J.A.C. 7:1E-1 et seq.) promulgated thereunder were observed. These violation(s) have been recorded as part of the permanent enforcement history of your facility.

DESCRIPTION OF VIOLATION NJAC 7:26-9.4(d)5: No daily inspections of container storage area. USAC 7:26-9.3(a)3: No accumulation start date on containers. NJAC 7:26-9.3(b): no written approval from the Dept. to store haz. waste in aboveground tanks for 90 days or less. USAC 7:26-9.6(d)4: Failure to familiarize local hospitals of haz. waste handled. NJAC 7:26-9.764(a): No contingency plan

Remedial action to correct these violations must be initiated immediately and be completed by

3-13-90. Within fifteen (15) days of receipt of this Notice of Violation, you shall submit in writing, to the investigator issuing this notice at the above address, the corrective measures you have taken to attain compliance. The issuance of this document serves as notice to you that a violation has occurred and does not preclude the State of New Jersey, or any of its agencies from initiating further administrative or legal action, or from assessing penalties, with respect to this or other violations. Violations of these regulations are punishable by penalties of \$50,000 per violation.

John M. Stein 4-11-90
Investigator, Division of Hazardous Waste Management
Department of Environmental Protection

stryker®
Howmedica
OSTEONICS

NJD 052077682

Stryker Orthopaedics
325 Corporate Drive, Mahwah, New Jersey 07430

February 11, 2004

New Jersey Department of Environmental Protection
Hazardous Waste Regulation Program
P.O. Box 414
Trenton, NJ 08625-0414

(609)-984-2121

Fax Copy 609-633-9839

Subject: Existing Hazardous Waste Generator Site Closure
Facility ID No. NJD-052077682
Rutherford, New Jersey

Dear Becky:

Stryker Howmedica Osteonics is sending this letter to confirm our conversation and inform your office of the closure of our Rutherford, New Jersey facility in its entirety. The facility ceased operation in June 2003 and has removed all equipment and completing all ISRA requirements to date. Please be advised the property was sold the end of January 2004 and no hazardous waste was generated or shipped for year 2004. I will forward the completed 2003 waste report as per the instructions.

Please close all permits for this generator site related to Generator ID NJD-052-077-682 effective immediately and provide confirmation the Mahwah office at the listed address or by fax. You may contact me if you have any concerns with this matter.

Sincerely,



Ed Gusciora

Facilities Project Team

Stryker Orthopaedics

(Formerly listed as Stryker Howmedica Osteonics)

325 Corporate Drive, Mahwah, NJ 07430

Phone: 201-831-5730 Cell 201-376-3280 Fax 201-831-4730

EGUSCIORA@howost.com

dear
2-11-04
(BB)



**ACKNOWLEDGEMENT OF NOTIFICATION
OF
HAZARDOUS WASTE ACTIVITY**

05/31/99

This is to acknowledge that you have filed a **Notification of Hazardous Waste Activity** for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER	→	NJD052077682
INSTALLATION NAME	→	HOWMEDICA OSTEONICS CORP
INSTALLATION ADDRESS	→	359 VETERANS BLVD RUTHERFORD, NJ 07070
MAILING ADDRESS	→	359 VETERANS BLVD RUTHERFORD, NJ 07070

EPA Form 8700-12AB (4-80)

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
REGION 2
290 BROADWAY, 22nd Floor
NEW YORK, NEW YORK 10007-1866

ATTN: DIV OF ENVIRON PLANNING & PROTECTION
RCRA PROGRAMS BRANCH

TO: ZAJAC, JOHN
MGR ENV ENGR
359 VETERANS BLVD
RUTHERFORD, NJ 07070



ACKNOWLEDGEMENT OF NOTIFICATION OF
HAZARDOUS WASTE ACTIVITY

12/07/98

This is to acknowledge that you have filed a **Notification of Hazardous Waste Activity** for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER →	NJD052077682
INSTALLATION NAME →	STRYKER ACQUISITION CORP
INSTALLATION ADDRESS →	359 VETERANS BLVD RUTHERFORD, NJ 07070
MAILING ADDRESS →	359 VETERANS BLVD RUTHERFORD, NJ 07070

EPA Form 8700-12AB (4-80)

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
REGION 2
290 BROADWAY, 22nd Floor
NEW YORK, NEW YORK 10007-1866

ATTN: DIV OF ENVIRON PLANNING & PROTECTION
RCRA PROGRAMS BRANCH

TO: ZAJAC, JOHN
ENVIRON ENGR
359 VETERANS BLVD
RUTHERFORD, NJ 07070

Change (owner)

Ull

Please print or type with ELITE type (12 characters per inch) in the unshaded areas only

Form Approved OMB No 2050-0028 Expires 10/01/95
GSA No 0246 EPA CT

Please refer to Section V, Line-by-Line Instructions for Completing EPA Form 8700-12 before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).

Notification of Regulated Waste Activity

 **EPA** United States Environmental Protection Agency

AGENCY USE ONLY
Date Received
(For Official Use Only)
98 DEC -1 AM 10:32
HAZARDOUS & SOLID WASTE PROGRAM

I. Installation's EPA ID Number (Mark 'X' in the appropriate box)

☐ A. Initial Notification ☒ B. Subsequent Notification (Complete Item C)

C. Installation's EPA ID Number
N J D 0 5 2 0 7 7 6 8 2

II. Name of Installation (Include company and specific site name)

S T R Y K E R A C Q U I S I T I O N C O R P

III. Location of Installation (Physical address not P.O. Box or Route Number)

Street

3 5 9 V E T E R A N S B L V D

Street (Continued)

City or Town

R U T H E R F O R D

State

Zip Code

N J

0 7 0 7 0 -

County Code

County Name

B E R G E N

IV. Installation Mailing Address (See Instructions)

Street or P.O. Box

S A I M E

City or Town

State

Zip Code

V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (Last)

(First)

Z A J A C

J O H N

Job Title

Phone Number (Area Code and Number)

E N V I R E N G I N E E R I N G

2 0 1 - 5 0 7 - 7 5 0 2

VI. Installation Contact Address (See Instructions)

A. Contact Address Location Mailing

B. Street or P.O. Box

☒ X

City or Town

State

Zip Code

VII. Ownership (See Instructions)

A. Name of Installation's Legal Owner

S T R Y K E R A C Q U I S I T I O N C O R P

Street, P.O. Box, or Route Number

2 7 2 5 F A I R F I E L D R D

City or Town

State

Zip Code

K A L A M A Z O O

M I

4 9 0 0 2 -

Phone Number (Area Code and Number)

6 1 6 - 3 8 5 - 2 6 0 0

B. Land Type

C. Owner Type

D. Change of Owner Indicator

(Date Changed)
Month Day Year

☐ P

☐ P

Yes

☒ X

No

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2

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4

9

98 DEC -1 AM 10:32

ID - For Official Use Only

VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to Instructions)

A. Hazardous Waste Activity

1. Generator (See Instructions)
 - ☒ a. Greater than 1000kg/mo (2,200 lbs.)
 - ☐ b. 100 to 1000 kg/mo (220-2,200 lbs.)
 - ☐ c. Less than 100 kg/mo (220 lbs.)
2. Transporter (Indicate Mode in boxes 1-5 below)
 - ☐ a. For own waste only
 - ☐ b. For commercial purposes
- Mode of Transportation
 - ☐ 1. Air
 - ☐ 2. Rail
 - ☐ 3. Highway
 - ☐ 4. Water
 - ☐ 5. Other - specify _____
3. Treater, Storer, Disposer (at installation) Note: A permit is required for this activity, see instructions.
4. Hazardous Waste Fuel
 - ☐ a. Generator Marketing to Burner
 - ☐ b. Other Marketers
 - ☐ c. Boiler and/or Industrial Furnace
 - ☐ 1. Smelter/Deferral
 - ☐ 2. Small Quantity Exempt
 - Indicate Type of Combustion Device(s):
 - ☐ 1. Utility Boiler
 - ☐ 2. Industrial Boiler
 - ☐ 3. Industrial Furnace
5. Underground Injection Control

B. Used Oil Recycling Activities

1. Used Oil Recycling Marketer
 - ☐ a. Marketer Directs Shipment of Used Oil to Off-Specification Burner
 - ☐ b. Marketer Who First Claims the Used Oil Meets the Specifications
2. Used Oil Burner - Indicate Type(s) of Combustion Device
 - ☐ a. Utility Boiler
 - ☐ b. Industrial Boiler
 - ☐ c. Industrial Furnace
3. Used Oil Transporter - Indicate Type(s) of Combustion Device(s)
 - ☐ a. Transporter
 - ☐ b. Transfer Facility
4. Used Oil Processor/Re-refiner - Indicate Type(s) of Activity(ies)
 - ☐ a. Process
 - ☐ b. Re-refine

IX. Description of Regulated Wastes (Use additional sheets if necessary)

A. Characteristics of Nonlisted Hazardous Wastes. (Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles; See 40 CFR Parts 261.20 - 261.24)

- | | | | |
|-------------------------------------|-------------------------------------|-------------------------------------|---|
| 1. Ignitable (D001) | 2. Corrosive (D002) | 3. Reactive (D003) | 4. Toxicity Characteristic (List specific EPA hazardous waste number(s) for the Toxicity characteristic contaminant(s)) |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33; See Instructions if you need to list more than 12 waste codes.)

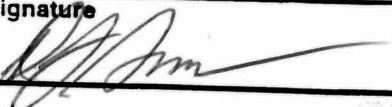
1 D 0 0 5 7 D 0 2 2	2 D 0 0 6 8 F 0 0 3	3 D 0 0 7 9	4 D 0 0 8 10	5 D 0 0 9 11	6 D 0 1 1 12
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C. Other Wastes. (State or other wastes requiring a handler to have an I.D. number; See Instructions.)

1	2	3	4	5	6
---	---	---	---	---	---

X. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature 	Name and Official Title (Type or print) DAVID J. SIMPSON, V.P. SECRETARY	Date Signed 11-30-98
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XI. Comments

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)

Please refer to Section V, Line-by-Line Instructions for Completing EPA Form 8700-12 before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).



Notification of Regulated Waste Activity

United States Environmental Protection Agency

Date Received
(For Official Use Only)

U.S. E.P.A.
AGENCY R011
30 MAY 25 PM 4:31

I. Installation's EPA ID Number (Mark 'X' in the appropriate box)

☐

A. Initial Notification

☒

B. Subsequent Notification
(Complete Item C)

C. Installation's EPA ID Number

N J D 0 5 2 0 7 7 6 8 2

II. Name of Installation (Include company and specific site name)

H O W M E D I C A O S T E O N I C S C O R P .

III. Location of Installation (Physical address not P.O. Box or Route Number)

Street

3 5 9 V E T E R A N S B O U L E V A R D

Street (Continued)

City or Town

R U T H E R F O R D

State

Zip Code

N J

0 7 0 7 0 -

County Code

County Name

B E R G E N

IV. Installation Mailing Address (See Instructions)

Street or P.O. Box

S A M E

City or Town

State

Zip Code

V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (Last)

(First)

Z A J A C

J O H N

Job Title

Phone Number (Area Code and Number)

M A N A G E R E N V E N G

2 0 1 - 5 0 7 - 7 5 0 2

VI. Installation Contact Address (See Instructions)

A. Contact Address
Location Mailing

☒

B. Street or P.O. Box

S A M E A S A B O V E

City or Town

State

Zip Code

VII. Ownership (See Instructions)

A. Name of Installation's Legal Owner

H O W M E D I C A O S T E O N I C S C O R P .

Street, P.O. Box, or Route Number

5 9 R O U T E 1 7

City or Town

State

Zip Code

A L L E N D A L E

N J

0 7 4 0 1 -

Phone Number (Area Code and Number)

2 0 1 - 8 2 5 - 4 9 0 0

B. Land Type

D

C. Owner Type

D

D. Change of Owner Indicator

Yes

X

No

(Date Changed)

Month

Day

Year

Change (name)

ID - For Official Use Only

VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to Instructions)

A. Hazardous Waste Activity

1. Generator (See Instructions)
☒ a. Greater than 1000kg/mo (2,200 lbs.)
☐ b. 100 to 1000 kg/mo (220-2,200 lbs.)
☐ c. Less than 100 kg/mo (220 lbs.)
2. Transporter (Indicate Mode in boxes 1-5 below)
☐ a. For own waste only
☐ b. For commercial purposes

Mode of Transportation

- ☐ 1. Air
☐ 2. Rail
☐ 3. Highway
☐ 4. Water
☐ 5. Other - specify

- ☐ 3. Treater, Storer, Disposer (at installation) Note: A permit is required for this activity, see instructions.
4. Hazardous Waste Fuel
☐ a. Generator Marketing to Burner
☐ b. Other Marketers
☐ c. Boiler and/or Industrial Furnace
☐ 1. Smelter Deferral
☐ 2. Small Quantity Exemption
Indicate Type of Combustion Device(s)
☐ 1. Utility Boiler
☐ 2. Industrial Boiler
☐ 3. Industrial Furnace
☐ 5. Underground Injection Control

B. Used Oil Recycling Activities

1. Used Oil Recycling Marketer
☐ a. Marketer Directs Shipment of Used Oil to Off-Specification Burner
☐ b. Marketer Who First Claims the Used Oil Meets the Specifications
2. Used Oil Burner - Indicate Type(s) of Combustion Device
☐ a. Utility Boiler
☐ b. Industrial Boiler
☐ c. Industrial Furnace
3. Used Oil Transporter - Indicate Type(s) of Combustion Device(s)
☐ a. Transporter
☐ b. Transfer Facility
4. Used Oil Processor/Re-refiner - Indicate Type(s) of Activity(ies)
☐ a. Process
☐ b. Re-refine

IX. Description of Regulated Wastes (Use additional sheets if necessary)

A. Characteristics of Nonlisted Hazardous Wastes. (Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles; See 40 CFR Parts 261.20 - 261.24)

1. Ignitable
(D001)☒2. Corrosive
(D002)☒3. Reactive
(D003)☒4. Toxicity
Characteristic☐

(List specific EPA hazardous waste number(s) for the Toxicity characteristic contaminant(s))

B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33; See instructions if you need to list more than 12 waste codes.)

1
D 0 0 5
7
D 0 2 2

2
D 0 0 6
8
F 0 0 3

3
D 0 0 7
9

4
D 0 0 8
10

5
D 0 0 9
11

6
D 0 1 1
12

C. Other Wastes. (State or other wastes requiring a handler to have an I.D. number; See instructions.)

1

2

3

4

5

6

X. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature



Name and Official Title (Type or print)

JACK CZAJKOWSKI
V.P. MANUFACTURING OPERATIONS

Date Signed

5/17/99

XI. Comments

Stryker Acquisition Corp, the operator, was merged into Osteonics Corp., which changed its name to Howmedica Osteonics Corp.

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)



INSTRUCTIONS: If you received a preprinted label, affix it in the space at left. If any of the information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is complete and correct, leave Items I, II, and III below blank. If you did not receive a preprinted label, complete all items. "Installation" means a single site where hazardous waste is generated, treated, stored and/or disposed of, or a transporter's principal place of business. Please refer to the INSTRUCTIONS FOR FILING NOTIFICATION before completing this form. The information requested herein is required by law (*Section 3010 of the Resource Conservation and Recovery Act*).

INSTALLATION'S EPA I.D. NO.	NJD052077682
I. NAME OF INSTALLATION	
II. INSTALLATION MAILING ADDRESS	HOLMEDICA INC 359 VETERANS BOULEVARD RUTHERFORD, NJ 07070
III. LOCATION OF INSTALLATION	359 VETERANS BOULEVARD RUTHERFORD, NJ 07070

FOR OFFICIAL USE ONLY

C		COMMENTS																											
C																													
15		16																											
INSTALLATION'S EPA I.D. NUMBER												APPROVED				DATE RECEIVED (yr., mo., & day)								55					
S		N J 0 5 2 0 7 7 6 8 2												T/A		C		8 0 0 8 1 8											
F		1 2 3 4 5 6 7 8 9 10 11 12												13		14		15		16 17 18 19 20 21 22									

I. NAME OF INSTALLATION	
Howmedica Inc. Orthopaedics Division	

II. INSTALLATION MAILING ADDRESS																										
STREET OR P.O. BOX																										
C																										
3																										
15	16	-																			45					
CITY OR TOWN															ST.	ZIP CODE										
C																										
4																										
15	16	-																			40	41	42	43	44	45

III. LOCATION OF INSTALLATION	
STREET OR ROUTE NUMBER	
C 5	
15 16	45
CITY OR TOWN	
C 6	
15 16	40 41 42 43 44

IV. INSTALLATION CONTACT																																	
NAME AND TITLE (last, first, & job title)								PHONE NO. (area code & no.)																									
C	c	e	c	e	r	E	m	i	P	a	n	t	E	n	g	i	n	e	e	r	-	2	0	1	-	9	3	5	-	2	1	0	0
15	16																					45	46	-	48		49	-	51		52	-	55

V. OWNERSHIP		
A. NAME OF INSTALLATION'S LEGAL OWNER		
c		
8	H o w m e d i c a , I n c .	
15 16		

B. TYPE OF OWNERSHIP (enter the appropriate letter into box)		VI. TYPE OF HAZARDOUS WASTE ACTIVITY (enter "X" in the appropriate box(es))	
F = FEDERAL M = NON-FEDERAL	M	<input checked="" type="checkbox"/> A. GENERATION <small>57</small>	<input type="checkbox"/> B. TRANSPORTATION (complete item VII) <small>58</small>
	<small>56</small>	<input type="checkbox"/> C. TREAT/STORE/DISPOSE <small>59</small>	<input type="checkbox"/> D. UNDERGROUND INJECTION <small>60</small>

VII. MODE OF TRANSPORTATION (transporters only - enter "X" in the appropriate box(es))

<input type="checkbox"/> 61 A. AIR	<input type="checkbox"/> 62 B. RAIL	<input type="checkbox"/> 63 C. HIGHWAY	<input type="checkbox"/> 64 D. WATER	<input type="checkbox"/> 65 E. OTHER (specify):
------------------------------------	-------------------------------------	--	--------------------------------------	---

VIII. FIRST OR SUBSEQUENT NOTIFICATION

Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your Installation's EPA I.D. Number in the space provided below.

[illegible]

IX. DESCRIPTION OF HAZARDOUS WASTES

Please go to the reverse of this form and provide the requested information.

I.D. - FOR OFFICIAL USE ONLY

S	W	N	J	D	0	5	2	0	7	7	6	8	2	2	1
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16

IX. DESCRIPTION OF HAZARDOUS WASTES (continued from front)

A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

1	2	3	4	5	6
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
7	8	9	10	11	12
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
19	20	21	22	23	24
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
25	26	27	28	29	30
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31	32	33	34	35	36
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
37	38	39	40	41	42
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
43	44	45	46	47	48
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

D. LISTED INFECTIOUS WASTES. Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)

☒ 1. IGNITABLE
(D001)

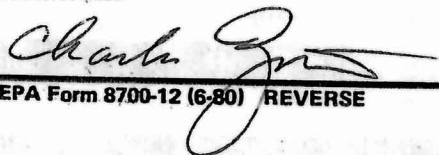
☒ 2. CORROSIVE
(D002)

☐ 3. REACTIVE
(D003)

☒ 4. TOXIC
(D000)
X. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE



NAME & OFFICIAL TITLE (type or print)

Director mfg

DATE SIGNED

8/14/80

RP